# HOMŒOPATHIC VADE MECUM

## MEDICAL & SURGICAL

E. H. RUDDOCK, M.D.

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THE

# HOMŒOPATHIC VADE MECUM

OF MODERN

# MEDICINE AND SURGERY.

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BY

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# PREFACE.

The previous edition of this Manual having been rapidly exhausted, the Author here presents the Ninth, which he has diligently revised, every line having been carefully read, and new matter calculated to enhance its value and utility introduced on nearly every page. Important additions are especially made to the sections on Neuralgia, diseases of the Ear, Old Age, Bright's disease, and those on Hygiene and Diet. The Clinical Directory will be found to contain numerous changes, the most recent experiences being now introduced. Several new sections are added to make the Manual more complete. The general arrangements of the volume are, however, unchanged, the new matter, with the above exceptions, being introduced chiefly by condensing portions which admitted of that process. In short, all the light which the most recent researches have thrown on, medicine and surgery has been as far as possible introduced into the various sections. It is therefore hoped that the volume will meet with the favourable reception accorded to former editions.

As in the preceding editions, so in the present, the Author has confirmed the results obtained in his own practice by frequent references to, and quotations from, standard works, and the current medical literature, both of the new and old school. He does not lay claim to any great discoveries, or to being in advance of his colleagues, or of modern medical authors: his special aim has been to embody the results of the observations deduced from his own practice, and syste-

matically to record fundamental principles and facts heretofore widely and inconveniently scattered.

He therefore claims for the Manual the character of a "representative book" of modern medicine and surgery as taught in the clinics of our hospitals, and practised by the most advanced physicians and surgeons of the day.

From the above it will be obvious how great an advantage the volume presents as compared with most other medical publications. The principles and practice here advocated are not drawn from an isolated school, but from the writings and experience of the great world of medicine—Homœopathy, Allopathy, and Hydropathy; in short, from any and every quarter likely to give dignity and worth to the healing art. We totally repudiate the application of the term "sectarians;" as Homœopaths, we, indeed, claim to be in advance of our Allopathic brethren; for, besides standing on the same level as fully-educated and legally-accredited members of the medical profession, we have not shut our eyes to the discoveries of the illustrious Hahnemann. They are the "sectarians" who, because we believe in Homœopathy, excommunicate us from their societies, and refuse to accord to us professional courtesy. Our aim is to terminate as a personal and sectarian matter any differences that exist, and to relegate the whole question to the more peaceful fields of scientific discussion and clinical investigation.

Objections are often raised to medical works like the present, on the ground that they encourage amateur practitioners, and are therefore dangerous, and interfere with the legitimate pursuits of the medical profession. These objections are entirely groundless. In nearly every family, domestic drugs—Castor Oil, Epsom Salts, Rhubarb, Sulphur, Magnesia, Quinine, Antibilious Pills, Hydrate of Chloral, Bromide of Potassium, and even preparations of Mercury and Opium—*are* employed, and our object in the production

of this book is to *reform* domestic treatment, by substituting remedies and suggesting measures which, while generally harmless for evil, are powerful for good. It is useless to attempt to suppress amateur doctoring; on the contrary, we sincerely hope that such practitioners may find much to help them in the following pages. Simple and uncomplicated cases—Cold, Fever, Dyspepsia, etc.—may often be arrested at their outset; but which, if neglected, may form the nucleus of serious or even fatal disorders.

A fact which specially justifies the preparation of this Manual is the necessity for meeting, as far as possible, the requirements of persons residing in localities where professional homœopathic treatment is inaccessible. An extensive correspondence, and frequent interviews with persons who have come from various parts of Great Britain, Europe, India, China, and the Colonies, convince the Author of the importance of making some provision for patients who are placed in the circumstances referred to, till professional men generally have been led to the study and practice of medicine according to the law of similars. Information frequently reaches him showing the urgent need for the wider diffusion of homœopathic knowledge, and narrating the happy and often striking results of the application of that knowledge as taught in the following pages.

It is scarcely necessary to add that, in serious or doubtful cases of illness, or when the treatment herein prescribed is insufficient to effect improvement in a reasonable time, a homœopathic practitioner should be consulted. The vast and ever-accumulating resources at the disposal of a professional Homœopath, of which this Manual represents but a fraction, place him on high vantage-ground as compared with a domestic practitioner. Cases are of daily occurrence which show that, equally for the homœopathic and the allopathic practitioner, it is impossible to act in the

best way for the interests of patients without professional training. Apparently trifling symptoms which escape the non-professional observer, clever though he may be, immediately attract the attention of the informed eye and ear of the physician, and put him on the alert for further discovery. A trifling impediment in the speech, and a slight difference in the size of the pupils, so insignificant as to escape the observation of the patient or his friends, may be indicative of a grave organic disease when associated with some little strangeness in the conduct or defect in the memory. A hundred other points the professional man detects, and estimates according to their importance; and this can be done only by one who has received a special education; for such an one is alone able *early* to recognise many important signs and symptoms. A trained medical observer, too, views disease from a higher standpoint, and often recognises a relationship between a local lesion and a constitutional condition. In many diseases described in the following pages we have pointed out that connection; but diseases occur under such widely different circumstances, and vary so much in their effects, duration, and intensity in individual cases, that considerable modifications have to be pursued in treatment. Indeed, we have but attempted to indicate the broadest lines of practice. The finer distinctions, and exact adaptation of treatment, must depend on the intelligence and judgment of the professional man.

A great advantage arising from professional treatment is the amplitude of the resources of a homœopathic doctor, not merely in the multitude of remedies at his command, but in the varieties of attenuations or dilutions which he can adapt to the constitutional peculiarities, age, sex, and habits of the patient. The writer is neither a low nor a high dilutionist, but ranges his doses from low tinctures or triturations to the higher attenuations as circumstances require. The

question of dilution is one of greater importance than is usually accorded to it. Thus, for example, *Nux Vomica*, extremely useful in many cases of Indigestion, if given for Constipation in the first or second dec. dil., frequently aggravates; while in a higher dilution it is a remedy of prime importance in the correction of this condition. On the other hand, we have often found low dilutions, and even the strong tinctures, efficacious in our practice after the high dilutions had been found inefficient. The question of dilution is too wide to be discussed here theoretically; but in the new work which has been recently published—the "Text-Book"—we have to some extent met the subject *practically* by pointing out the different dilutions that have been found most successful in various diseases.

The Author wishes to call especial attention to the introductory chapters of this work, which are devoted to the consideration of Hygiene and Dietetics. These subjects are of primary importance, and if the directions therein were more generally carried into effect, a frequent reference to the purely medical portions of the book would be less necessary.

The Manual is not intended for domestic use only; the Author has equally endeavoured to meet the requirements of medical students, junior practitioners, and allopathic medical men commencing the study and practice of Homœopathy. He has received many assurances from all parts of the world that for such the work has been of great utility.

The last paragraph applies to this production in a less degree in the future than it has done in the past. Encouraged by the success which has attended his labours, and in compliance with the suggestions of friends, the Author has completed a more advanced publication,—"A Text-Book of Modern Medicine and Surgery on Homœopathic Principles,"

which will, he trusts, more adequately meet the requirements of that large and important class of persons just referred to, than anything he has before attempted.

To meet the wants of those readers who wish for fuller information and more accurate detail, reference is made at the foot of many pages to the *Homœopathic World*, in which is being continually gathered up the experience of medical men of every school. It is, in fact, a monthly supplement to all the works of the Author. And those who possess the works will find it advantageous to note in the margins references to illustrative remarks and cases as they appear from time to time in the *World*. This will be the best means of utilising the information which is presented from month to month, and of being prepared for more intelligent treatment of disease at the moment when it is required.

In conclusion, this Manual throughout is eminently practical, and the Author has steadily kept in view the important fact, that persons consult books, just as they do doctors, in the hope of being cured, and that the best book is that which teaches how the desired cures may be effected. He has great confidence in the principles enunciated in the volume; and this confidence continually deepens as, year after year, his experience accumulates from the daily application of them in the exercise of his profession. He heartily thanks numerous correspondents, known and unknown, who have put his instructions to the test of clinical experiment, and have given assurance that in the *Vade Mecum* they have found the necessary guidance for the correct diagnosis and successful treatment of numerous diseases. This unsolicited testimony is the most satisfactory proof he could desire of the value of the Work.

Every intelligent and diligent reader may contribute his mite towards a fuller and more definite knowledge of the

remedies herein prescribed, by giving the results of his experience in their use, or by provings upon himself or others. The large amount of good, both in prevention and cure, anticipated from previous editions of this Work, is even more confidently hoped for from this.

E. HARRIS RUDDOCK.

2, *Finsbury Circus, London, E.C.*

# PREFACE TO THE NINTH EDITION.

As the previous Edition of the present work is now exhausted, and numerous applications are being made for it both at home and abroad, the Publishers feel assured that a fresh issue will be acceptable to the followers of Homœopathy.

They have determined, therefore, to bring out a Ninth Edition of the "Vade Mecum," consisting of 10,000 copies, and as no pains have been spared to make it as complete as possible, they trust that it will meet with no less favour than that which has been accorded to the preceding editions.

*2, Finsbury Circus, London, E.C.*
*June*, 1879.

# HINTS TO THE READER.

I.—When the work is consulted, the *whole* Section devoted to the disease referred to should be studied—the symptoms, causes, medicines, and accessory means—before deciding on the treatment. One portion of a section throws light upon another, and hesitation in the choice of a remedy may often be removed by considering the Section in its entirety.

II.—Facility of reference may be secured by an acquaintance with the arrangement of the Manual; it is divided into Parts, Chapters, and Sections; the headings on the top of the left-hand pages mark both the general subject or class of diseases under consideration, and those on the right, the particular topic or disease to which it is appropriated.

At the commencement of each Section in Part III., the principal designations by which a disease is known are given; the first, in thick type, being invariably the one adopted in the *New Nomenclature*, and that by which it is desirable that the disease be in future uniformly styled; the second, in italics and within parentheses, is the Latin name; when other names follow, they are synonyms or common appellations. By noting the class of disease indicated in the left-hand page-heading, the reader may form an idea of the nature of any particular disease; thus Diphtheria, Influenza, Hooping-Cough, etc., occur amongst the *Blood* diseases—those in which the blood itself is affected; Rheumatism, Anæmia, Phthisis, etc., are classed with the *Constitutional* diseases—those in which the whole system is involved. The recognition of these points will often be highly suggestive to the

initiated reader, and influence the prognosis and treatment of the case. Medical terms are occasionally used, but they are either explained in the text, or in the *index* at the end of the volume; this index is again made increasingly copious, and every point of importance may be found by it. Consultation is further made easy by a table of contents at the commencement.

III.—Occasionally, remedies are prescribed without describing in detail the symptoms by which their use is indicated. Under such circumstances, and whenever hesitating in the choice of a remedy, the reader is referred to the MATERIA MEDICA; a comparison should be made between the symptoms of the case under consideration, and the essential features peculiar to each remedy. The Materia Medica forms a most important part of the volume, and an attentive study of it will give a broad and tolerably exact knowledge of many valuable remedial agents, and a measure of skill in using them. For a more complete study of the subject, the Author's Text-Book may be consulted.

IV.—Persons desirous of being able to act wisely and promptly in the *general* treatment of disease should *read this Manual through, from the first page to the last.* The first Part is devoted to *Hygiene;* the second to *Accessory Measures;* the third to *Diseases* and their Treatment; and the fourth to *Materia Medica.* Many important practical points are scattered through the various sections, but which, to economise space, are not repeated, and so may be lost to those who only read detached portions. Even after having read the Manual through, an occasional half-hour spent in perusing it will facilitate its consultation in cases of urgency.

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# PART I.

## Introductory.

## CHAPTER I.

## HYGIENIC OBSERVATIONS.

### 1.—Hygiene.

Medical Hygiene is that branch of science which treats of the preservation of health by means which contribute to the most perfect development of the body, rendering life most vigorous, decay less rapid, and death more distant. It embraces varied influences operating upon the physical condition of individuals and communities, whether in promoting their material good, or preventing their deterioration. It consists essentially in the prevention of disease by the removal of its avoidable causes, and consequently involves legislative control, that the safety of the whole may be protected against the errors of the few. In its widest sense, the term Hygiene implies rules for the perfect culture of the mind and body. "If our knowledge were exact, and our means of application adequate, we should see the human being in his perfect beauty, as Providence probably intended him to be; in the harmonious proportions and complete balance of all parts, in which he came out of the hands of his Maker, in whose divine image, we are told, he was in the beginning made" (*Parkes*).

Such a condition, if ever attainable, is, we fear, far distant

at present. But if not fully attainable, it is at least our duty to aim at that millennium of sanitary philosophers when all disease is to be *prevented*, not cured. This Manual is our contribution towards that desirable consummation; and although our knowledge and powers are incomplete and limited, sufficient is herein pointed out to change the whole aspect of the world. While, however, we have in this volume pointed out the main causes of physical deterioration and disease, and how these may be avoided or controlled, the well-being of individuals and communities must essentially depend on personal and united efforts and self-restraint. "Sanitary improvements in man's material surroundings will not compensate for social transgressions against laws of morality; for public virtue is essential to public health, and both to national prosperity" (*Dr. G. Wilson*).

Our observations on Hygiene are necessarily restricted and fragmentary, but withal highly important, and their general adoption would be fraught with rich advantages. It is hoped that, as the result of the education of the masses, a solid groundwork may be laid for the promotion of the national health. The rudiments of medical hygiene may be taught and rendered attractive in schools, and should not be regarded as of less moment than the languages of extinct nations, or the records of ancient history. The public press, and more especially popular medical works, may so augment the general knowledge of the causes of disease, as to prevent much existing suffering, and diminish unnecessary waste of human life. It is, indeed, satisfactory to know that these means, as far as they have been adopted, have already largely contributed to these desirable results.

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## 2.—General Plan of Dietary.

Homœopathy is not a system of diet, but of medical treatment. Extended observation proves that the curative action

of remedies, chosen according to the homœopathic law, is but little affected by the food or beverages ordinarily taken; hence, beyond the prohibition of certain articles which disagree with the patient, interfere with the bodily functions, or impose on weak or diseased organs a task to which they are unequal, homœopathic physicians interfere but little with their patients' diet.

The food of the *invalid*, however, must be regulated according to the nature, stage, and progress of the malady from which he is suffering; therefore, the diet appropriate in various acute and chronic diseases will be found prescribed in the various Sections of this *Vade Mecum* in their appropriate places.

Circumstances regulating the Dietary.—In constructing dietaries the following points must be kept in view:—

(1) *Work.*—Besides maintaining the body in health, food is the source of the active energy exhibited in all work or mechanical motion. It follows, therefore, that the diet must be regulated by the amount of work to be performed.

(2) *Exercise.*—The opportunity for taking regular exercise in the open air should be considered. Quiet and sedentary habits demand only a limited amount of generous diet, and much meat, with its surplus nitrogenous ingredients, would clog the system.

(3) *Age.*—Milk and farinaceous substances should form the *staple* food up to the ninth or tenth year. At fourteen years of age a girl requires as much nutriment as a woman. A *growing* young man, who does the same amount of work as an adult man, requires more food than the latter. When growth and tissue changes are at their maximum, food must be good in quality and abundant in quantity.

(4) *Individual differences.*—A weakly person who eats little requires food of a better quality and nicer flavour than one of robust constitution and hearty appetite. What are

termed the "fancies" of delicate persons, especially of children, are often natural instincts, pointing out what is beneficial to the system or the reverse.

(5) *Climate.*—In cold seasons and climates, the food should contain an excess of fatty constituents; but in warm climates the starchy or farinaceous should preponderate. More food, too, is required in cold countries, and in cold seasons, than in hot.

## Meals.

The following suggestions on the dietary arrangements of persons in health, with occasional modifications, and allowing for individual differences, will generally be found suitable.

Breakfast. *Breakfast* at eight a.m. This meal may consist of bread or dry-toast, with a moderate quantity of fresh butter, to which a new-laid egg, boiled three minutes, may be added; or a little home-fed cold boiled bacon, chicken, game, or fish may be allowed to those who take much bodily exercise. For growing boys and girls at schools, the bread-and-butter, with poor tea or coffee, which is in some cases exclusively and invariably provided for the morning and evening meal, is very insufficient.

A breakfast-cupful of cocoa, prepared from fresh nibs, according to the directions given in section 4, page 39; or black tea, may be substituted; but the latter is less nutritious. For some, milk-and-water is more digestible.

Breakfast is an important meal, and its digestion ought never to be endangered by taking it too hurriedly, or commencing a quick walk, or other active mental or physical exercise, immediately after it. It would be an immense gain to the hard-working city man, to make it a uniform habit to rise sufficiently early to allow ample time to enjoy a leisurely breakfast, and sufficient time after for its digestion to have made some progress before again taxing the physical or mental powers.

Dinner. *Dinner*, at one p.m. Wholesome fresh meat and fresh vegetables—potatoes, cabbage, broccoli, peas, French beans, etc.—carefully proportioned, plainly cooked, served hot, and properly and slowly masticated. These should be varied from day to day, with occasional additions, in moderate quantities, of fruit or farinaceous puddings; and fish substituted once or twice a week for other animal food. Variety should be secured by different methods of cooking the same food, as well as by varying the food itself. A great improvement in health takes place, especially in the case of children, when this suggestion is carried out. Highly-seasoned dishes, condiments, pickles, salt and dried meats, rich or heavy pastry, and cheese should be excluded from the dietary of persons who wish to be healthy, especially of those whose habits are sedentary, or who use their brains considerably. Weakly persons who are obliged to take much exercise may drink a small quantity of malt liquor (never exceeding half a pint), if they are benefited by it; but in the great majority of cases fermented liquors had better be avoided, and a few sips of filtered water, or a wine-glass of claret, hock, or other light, still wine, diluted with an equal quantity of water, substituted. In the generality of cases, especially boys at school, persons are only rendered heavy and sleepy by the use of beer at this meal. But too much cold water at dinner lowers the temperature of the stomach, and so interrupts digestion. Taking wine after dinner is a luxurious, not a healthy, habit; and all that can be said of it, from a hygienic point of view, is, *the less taken the better*. An occasional dessert of wholesome fruit is not objectionable —apples, pears, oranges, grapes, peaches, strawberries, gooseberries, etc.

Tea. *Tea* may be taken at six or half-past, and include one or two small cups of black tea, or cocoa prepared from the nibs, with bread or dry-toast, butter, fruit, or marmalade, as

may be found most digestible or agreeable. In schools the addition of a little green stuff, as water-cress, lettuce, radishes, etc., is very desirable. If it be the last meal in the day, and the person be not plethoric, and taking a great amount of physical exercise, the meal may include some light meat, chicken, or white fish.

Late Dinners.

A different arrangement is necessary for persons who dine late—say at six, or half-past six p.m., as then a *luncheon* should be taken at about one p.m., which may consist of a small basin of good beef soup, with vermicelli, rice, or toasted bread in it. Some food ought to be taken; the custom of only taking a biscuit or some such trifle is pernicious, for the system becomes too exhausted for the proper digestion of a full, late dinner. If meat have been taken at breakfast, bread-and-butter, biscuits, or sandwiches will suffice; wine and malt liquors are better avoided. From six to half-past dinner may be taken, and include the dishes already mentioned. The custom of taking tea, or a simple warm liquid meal three or four hours after dinner, is a salutary one, as the warm liquid assists the elaboration and absorption of the chyle from the chyme, which is effected at this period. But the introduction of solid food, especially large quantities of buttered toast or rich cake, would seriously interfere with this process. A moderate-sized cup of black tea, with a little sugar and milk or a slice of lemon, forms a useful and agreeable beverage, and serves to remove all acrid materials left undissolved by digestion, and which if not carried off, might disturb that rest for which the appropriate hour now approaches.

In all cases in which the circumstances permit of it, the dinner-hour may be advantageously deferred until six or seven p.m., when the engagements of the day are concluded, and persons are not likely to be disturbed by professional or business calls, so that sufficient time may be devoted to it, and

that rest (not sleep) taken after it which the principal meal requires, but which it is often impossible to give to it in the middle of the day. Persons much pressed should not ingest full meals during the hours of occupation; a light repast is then best, the principal meal being taken in the evening, when the work of the day is finished. Heavy meals taken during the hours of physical or mental labour, without sufficient rest, are almost certain, eventually, to lead to derangement of the digestive organs.

Supper. If under exceptional circumstances this be necessary, it should be of the lightest and simplest character. A small quantity of farinaceous food, which may be easily digested, is all that is required. For example, in the case of school boys and girls, who have dined early, a light repast of bread-and-milk, or milk porridge, would be preferable to the usual supper of bread-and-cheese and beer.

Objectionable, however, as it is to go to bed with a full stomach, it is also objectionable to go to bed with an empty one. Restlessness and sleeplessness accompany repletion; they also accompany fasting. The student or literary man whose labours continue far into the night should therefore be careful to have some light nourishment some time before he retires.

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## 3.—On Cooking Animal Food.

Cooking subserves several very important purposes, and therefore demands more intelligent consideration than is usually given to it. Uneducated persons do not understand the reasons for certain preparations and processes, and only act according to custom and the traditions of the kitchen and the sick-room. Hence, good food is wasted and spoiled, and both the healthy and diseased are disappointed of the anticipated flavour and nourishment. Cooking removes some things that might prove injurious, destroying any parasitic germs that

may exist. It renders food more pleasant to the eye, agreeable to the palate, and digestible by the stomach. It softens connective tissue, relaxes muscular fibre, coagulates albumen, and solidifies fibrine, thus making the whole substance less cohesive and more easily masticated, dissolved, and assimilated. Previous beating and bruising facilitates the process, and makes the flesh more tender; hence the common custom of beating chops and steaks. The warmth of the food also aids digestion.

In cooking animal food, the following processes are in ordinary use: Boiling, Roasting, Broiling, Baking, Frying, Stewing. Speaking generally, about one-fourth of the weight is lost by the process; but the loss varies with the quality of the meat and the process employed. Dr. Letheby estimates the loss at the following percentages:—

| | Boiling. | Baking. | Roasting. |
|---|---|---|---|
| Beef, generally ... ... | 20 | 29 | 31 |
| Mutton, generally ... ... | 20 | 31 | 35 |
| ,, Legs ... ... | 20 | 32 | 33 |
| ,, Shoulders ... | 24 | 32 | 34 |
| ,, Loins ... ... | 30 | 33 | 36 |
| ,, Necks ... ... | 25 | 32 | 34 |
| Average ... ... ... | 23 | 31 | 34 |

The loss arises principally from evaporation of water, the escape of fat and nutritive juice, and the destructive action of heat. According to Dr. Letheby it is least in boiling, greatest in roasting, because in the former process there is no evaporation of water. This suggests that in the baking and roasting endeavour should be made to prevent evaporation. Indeed, the perfection of cooking is to retain as much as possible of the constituent elements of the meat, and this is accomplished in the different methods adopted by subjecting the meat at first to a strong, quick heat, which contracts the fibres, coagulates the albumen at the surface, and thus

closes up the pores by which the nutritious juices would escape. A lower and less rapidly acting heat will then suffice; for, thereafter, the cooking goes on through the agency of the natural moisture of the flesh. Converted into vapour by the heat, a kind of steaming takes place, so that whether in the oven, on the spit, or in the midst of boiling water, the meat is in reality cooked by its own steam. When properly prepared, instead of being dried up or insipid, the meat will be full of its own juice, which will flow forth as rich gravy at the first cut.

*Boiling.*—For this process a large joint is preferable. It should be put suddenly into *boiling* water, and remain at boiling temperature for five or ten minutes. By the contraction and coagulation thus caused, the internal juice is prevented either from escaping into the water by which it is surrounded, or from being diluted and weakened by its entrance through the pores. The boiling may then cease, and the remainder of the process may go on most effectually at a temperature of 160° to 170°; indeed, the common mistake is to shrink and harden the muscular fibre by the maintenance of excessive heat.

*Roasting,* to retain the nutritive juices, should take place quickly, and before a fierce fire at first; a lower heat, at a further distance from the fire, will then suffice.

*Broiling* should be done in the same way. A beef steak or mutton chop should be done quickly over a hot fire, that the natural juices may be retained.

*Baking* is but a method of roasting, but with this difference, that it takes place in a chamber from which there is usually no escape for the volatile fatty acids which are generated. They, therefore, impregnate the meat and render it richer and stronger, and less adapted for weak digestion.

*Frying* is, for the same reason, objectionable; because the

fatty matter in which the meat is cooked produces an excess of the volatile acids; moreover, the fat is often burnt, and thus changed in its character, and rendered unsuitable for invalids.

*Stewing* is the best process for digestion. The meat should be just covered with cold water, then heated up and kept simmering, not boiling, till thoroughly done. The nutritive materials are diffused through the solid and liquid, which are then served up together. *Hashing* is the same process with meat previously cooked. But hashed or otherwise twice-cooked meat is very unwholesome.

There is another method of cooking, by which the meat is stewed in its own vapour alone. The meat is placed in a covered jar, the jar is put into water in a saucepan, and the water is made to simmer, and when a sufficient time has elapsed, the meat is done, quite tender, and well adapted to the invalid. Warren's Cooking Pot, and the "Norway Nest," are constructed to prepare meat in this way.

*Soups, Broths,* etc.—If, however, it is desirable to extract the nutriment so that it may be given in a liquid form, the meat should be finely chopped or minced, put into cold water, and after maceration for a short time, gradually heated to a simmering temperature, at which it should be kept for half an hour if *broth* be required. But if *soup* be wanted the heating should go on to boiling point, and be maintained there, in order that the gelatine may be extracted to solidify the soup. Bones yield abundant gelatine, but require long boiling. It should be carefully observed that the minced meat should be put into cold water for a time, never into boiling water at first.

It is a cause of regret to find how extensively the principles we have expressed in this section are disregarded. Even in some well-informed circles there exists lamentable ignorance or extreme carelessness as to the proper method of

cooking animal food so as to utilise its most valuable constituents.[1]

## 4.—Non-intoxicating Beverages.

*Uses of Tea.*—Owing to its stimulating and restorative action on the nervous system, tea is very serviceable to travellers and soldiers; and should be preferred to alcoholic stimulants after fatigue. It is equally efficacious against heat and cold; in nervous exhaustion, particularly in hot climates, or consequent on walking in the sun, especially when followed by shortness of breath, it has often proved strikingly beneficial. It excites vital action, and stimulates respiration. Though it supplies very little nutritive material, it aids the assimilation and transformation of other foods, increases cheerfulness and activity, clears and quickens the brain, stimulates the energies, and lessens the disposition to sleep. By its warmth it warms the body when cold, by promoting the action of the skin it cools it when hot, and by its astringency it modifies the action of the bowels. It is better than coffee as a counteractive to beer.

*Tea Injurious.*—As commonly prepared, tea is often the cause of much Dyspepsia, particularly when drunk in excessive quantities, or too frequently—that is, as a rule, more than once a day. When tea causes loss of appetite, palpitation of the heart, mental excitement, or sleeplessness, obviously its use should be relinquished. Tea should never be given to children, even although largely diluted. The common practice of adding a small quantity to milk-and-water begets a relish for it, leading to its use at an age when the nervous and muscular systems require no such aid.

[1] See Dr. Baikie on "Digestion and Food," in *H. World*, vol. i. p. 149; Thompson's Lecture on "Food," *H. World*, vol. iii. p. 47; Liebig on the "Nutritive Value of Different Sorts of Food," *H. World*, vol. iv. pp. 111, 180, 224; Dr. Pavy's "Treatise on Food and Dietetics."

Tea taken with animal food—"tea-dinners," or "meat-teas," as they are called—is more liable to produce indigestion than when the meal consists chiefly of bread-and-butter. Two or three hours after dinner, when digestion has proceeded too far to be much interfered with, the habit of taking one or two small cups of tea is usually unobjectionable; but tea is always better avoided at bed-time.

*Green Tea.*—Pure green tea is the same leaf as the black, but more quickly dried, and in good qualities is not injurious. But inferior sorts, faced with a preparation of Prussian blue, gypsum, and indigo, are decidedly so.

Flavoured Teas have been exposed during manufacture to the aromatic essences of plants, but though rendered somewhat more agreeable, are not of higher or lower chemical or dietetic value.

*Preparation.*—To make tea, especially for the dyspeptic, it should only be infused in boiling water three minutes, and then poured off into a heated teapot, so as to separate it from the leaves. Thus prepared, tea is not so likely to cause flatulence; but it is less economic than the ordinary method, much more tea being required. Soft water makes the best tea, but soda should not be used, for it only extracts the astringent tannin, while at the same time it "spoils the tea," both in flavour and beneficial effect. The water should only boil once, immediately before using it, and not for hours, as is sometimes the case; the teapot should be quite *dry*, as well as hot, when the leaves are put into it, and the infusion, as before stated, not allowed to exceed three minutes.

Teapots that retain the heat are better than those that allow it to pass off readily; hence black earthenware teapots should not be used; white, glazed earthenware, or porcelain, are suitable; but brightly polished silver teapots are the best, for they radiate much less heat than any other material A "cosy" retains the heat.

*Addition of Lemon.*—The use of sugar in tea, except in small quantity, should be given up by persons who have a tendency to become corpulent. According to our taste, the flavour of tea is improved by substituting lemon for cream or milk: pouring the hot tea over a slice of lemon cut with the rind upon it. Besides being more palatable, the lemon-juice more effectually allays thirst, and is especially valuable at those seasons of the year when fruits and fresh vegetables are not generally to be obtained.

Coffee.—*Uses of Coffee.*—Coffee is a valuable beverage, especially for soldiers; it is invigorating without producing subsequent collapse, and the hot infusion is almost equally useful as an antidote to heat and cold; in the one case by the warmth of the infusion, in the other by its action on the skin, while in both cases it acts beneficially by stimulating the nervous system. (*See Parkes on Practical Hygiene.*) It increases the action of the heart and the fulness of the pulse, and excites the mucous membranes. In fatigue, privation, and indeed under ordinary circumstances, coffee is preferable to alcoholic beverages. It is useful when weary from travel in the heat, *with deprivation of food.* It economises other nourishment by lessening waste. It is often serviceable in the headache of nervousness and exhaustion, or in cases of diarrhœa caused by overwork, with *too much care.* A strong infusion helps to keep awake persons poisoned by *opium;* and to allay the effects of the immoderate use of wine and spirits.

*Coffee Injurious.*—In some persons coffee produces sleeplessness, deranged vision, mental excitement, palpitation, and indigestion, and by such should not, therefore, be taken as a beverage. It is also somewhat laxative. It is more heating and stimulating than tea, and raises the pulse; but it is heavier and more oppressive to the stomach.

*Preparation.*—A most important point in making good

coffee is to use a *sufficient quantity* of the powder. The minimum that should be allowed is $1\frac{1}{4}$ oz. to a pint of water. The *café noir* of the French contains a larger proportion than this. *Café au lait* consists of a decoction of strong coffee, to which an equal quantity of hot milk is added. It is especially necessary to remember that the full qualities of coffee are not obtained if water is used at a temperature lower than that of the boiling point. It even bears boiling, which tea does not. When mixed with chicory, boiling for a short time improves the flavour. The particles of ground coffee are often found suspended in the liquid, and isinglass or white-of-egg is sometimes used to refine it. Nothing, however, is required beyond pouring a cupful out and returning it to the pot to effect the necessary clearing.

Or, a coffee-pot may be obtained larger in circumference but not so high as they are usually made; a flannel bag three inches deep should be sewn on to a wire running round the rim; and the bag should be kept from the spout by means of two straight pieces of wire soldered inside, from the rim to the bottom, in front of the spout. The coffee is placed in this bag, the required quantity of boiling water is poured gradually upon it, and allowed to run through, after which it should be boiled to extract the remaining strength of the powder.

The addition of boiling milk, in the proportion of one-fourth part, adds greatly to the flavour and virtue of the coffee. Lastly, when coffee is taken daily, an enamelled saucepan should be used exclusively for this purpose.

After being roasted, coffee should not be kept long before it is ground. This is usually done in a coffee-mill; or it is pounded in a mortar. In either case, the mill or mortar should be used for no other purpose, as coffee has a marked tendency to absorb other odours, and thus to acquire a flavour not its own.

Lastly, when ground, it should be used as soon as possible, for in this state it rapidly gives off its volatile oil. The best method for keeping it for a short time is in a clean, accurately stoppered bottle. Lead or tin-foil covering does not so effectually retain the virtues of the ground coffee.

Chicory.—With this coffee is generally mixed, to which it gives colour and body. Its properties are similar, but inferior to those of coffee; so that it rather lessens its value, while it modifies its flavour.

Cocoa.—*Uses of Cocoa.*—The large amount of fat and albuminoid substance renders it a most valuable article of diet, alike for strengthening the frame in conditions of debility, and sustaining it under prolonged or excessive exertion. During nursing it is most useful, tending, probably more than any other beverage, to maintain an excellent supply of maternal milk. The combination of nourishing properties which cocoa contains has led to its being compared to milk. Humboldt states that cocoa and maize cakes are used by travellers in South Africa, and that the large amount of agreeable nourishment in small bulk enables them to carry easily several days' supplies.

*Preparation.*—To produce from cocoa-nibs one of the most wholesome and nutritious of beverages, the following method is recommended: For two persons, take of recent nibs a small teacupful, and soak in one quart of water overnight; next morning boil briskly for two hours, then strain off, and use directly, with boiling milk. It should not be re-warmed, as it then loses its flavour, just as tea does when warmed up again. The cocoa is best boiled in a block-tin three-pint wine-muller, over a small gas-stove; or, better still, in a new French milk-saucepan, which consists of white ware, fitted into an outside tin casing. The cocoa-nibs already soaked, as previously directed, should be put with a proper quantity of water into the white ware, the outside vessel being

also filled with water, and boiled for two hours. Cocoa thus prepared, the author believes, from personal use, to be incomparably the best; but when, from various reasons, the above method cannot be adopted, the preparations of well-known manufacturers may be substituted, and as breakfast beverages are much superior to tea or coffee; for although they are mixed with sugar, arrowroot, and other kinds of farina, they are not adulterated in the sense of containing any deleterious ingredient.

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## 5.—Water.[1]

There is no beverage so wholesome, or, to the unperverted taste, so agreeable, as pure water. It is the natural drink of man, is highly favourable to digestion, and may always be taken in moderation when thirst is present. It enters into the composition of the tissues of the body, forms a necessary part of its structure, and performs such important purposes in the animal economy, as to be absolutely indispensable for life and health. Water enters largely into combination with our food; and articles that we take as food can only afford nourishment by being dissolved in it. It also acts as a vehicle to convey the more dense and less fluid substances from the stomach to their destination in the body. It gives fluidity to the blood, holding in suspension, or solution, the red globules, fibrine, albumen, and all the various substances which enter into the different structures; for the whole body is formed from the blood. Not only the soft parts of the body, but even the very bones, or the materials of which they are composed, have at one time flowed in the current of the blood, suspended, or held in solution, in water. To prove how essential water is for the development and maintenance of the animal body, we may here state that a calculation has been made which shows that a human body, weighing

[1] See *H. World*, v. ix. p. 249.

154 lb., contains 111 lb. of water. Such a fact suggests the necessity for obtaining water pure, and taking it unpolluted by animal and mineral ingredients. When practicable, water for domestic purposes should be filtered.

Water may be obtained tolerably pure in rain or snow collected in suitable vessels in the open country, away from crowded dwellings and manufactories, where processes are constantly going on which tend to its deterioration. Spring-, river-, sea-, surface-, well-, and mineral-water, all contain various substances dissolved in them, which render them without distillation or filtration, unsuitable for drinking, or even to be used in the preparation of articles of diet. Even for cooking purposes and bathing, the purer the water is the better. The purest water is obtained from deep wells, bored through the earth and clay down to the chalk (*Artesian Wells*).

It is most important that the receptacles for water—tanks and cisterns—should be carefully examined and thoroughly cleansed at regular seasons, especially after a time of drought and before the approach of winter. Much mischief is done, and often disease induced, by allowing cisterns to fill up after they have been dry or the water in them low; the quantity of sediment and filth is often very great, and if not carefully washed out becomes mingled with every fresh influx of water, and thus Diphtheria, Enteric fever, and other blood diseases may be set up. The deleterious consequences that ensue from neglect of this duty are often alarming, although the source of the evil be unsuspected.

It is a fallacy to suppose that surface-well water is purer than that obtained from deep wells, because it is more sparkling and often cooler and clearer. The sparkling of these waters is due to the presence of carbonic acid gas, and that acid is derived from the decomposition of animal and vegetable substances.

"The situation of these wells, especially in London, ex-

plains the origin of these impure matters. The water that supplies the surface wells of London is derived from the rain which falls upon the surface of the land, and which percolates through the gravel, and accumulates upon the clay. Now this gravel contains all the soakage of London filth; through it run all the drains and sewers of London; and its whole surface is riddled with innumerable cesspools. Here is the source of the organic matter of surface-well waters, and also the cause of their coolness, their sparkling, and their popularity. In most small towns there is a public pump, and when this is near the churchyard it is said to be always popular. The character of the water is no doubt owing to the same causes as that of London surface wells: the remains of humanity in the churchyard supply the nitrates and carbonic acid of the water.

"From this kind of impurity the water of deep wells in London, and of wells cut into rocks which bring their water from a distance from towns, are entirely free. They frequently contain inorganic salts in abundance, but they do not contain organic matters; hence, for drinking purposes they are far preferable to the waters of surface wells."—*Lankester*.

We shall rejoice if the foregoing observations, and others on subsequent pages, result in the removal of a foolish prejudice, which unhappily exists in the minds of many, against pure water, an element which God has provided with the most lavish abundance; and in promoting, both for internal and external purposes, in health and sickness, a more regular use of this invaluable boon. In a community in which this element shall be used as the chief beverage, and more abundantly for purposes of purification, we may hope to find the pure virtue, of which water is so vivid a type. There, too, suffering will be easily controlled by our remedies, and the development of latent tendencies to disease, which the habits and fashions of the present age seem to favour, will be most effectually prevented.

## 6.—Air.

Sir Isaac Newton, it has been stated, only made one speech in Parliament; it was in the form of a request that *some one in the gallery would open the window.* It was a speech worthy of his philosophic mind, who had discovered some of the profoundest secrets of Nature. A proper supply of pure fresh air is essential to the preservation of life and health, as well as to the maintenance of cheerfulness of spirits and the consequent enjoyment of life. Although life may not be destroyed suddenly by breathing an impure atmosphere, still the vital energies are thereby slowly but surely impaired: this is especially the case with growing children, and persons suffering from disease.

*Impure Air.*—The impurities of the air may be ranked under two heads: gases, and matters held in suspension. From the soil are wafted into the air particles of every chemical substance it contains. Near the dwellings of men, particles of carbon, hairs, fibres of cotton and woollen fabrics, etc., abound. The vegetable world contributes seeds, spores, germs, pollen, and light floating bodies. From the animal kingdom there are also germs, and particles of worn-out tissues. The organic vapours arising from the decomposition of animal and vegetable products have hitherto baffled man's attempts to discover their precise chemical constituents; a similar obscurity attaches also to the organic substances known as the specific virus of contagious diseases. These all deteriorate the air.

*Air Spoiled by Breathing.*—In the process of breathing, the air loses a third part of its oxygen, the life-giving principle, and receives in exchange carbonic acid gas, a gas not only incapable of supporting life, but actually destructive to it. Such is the change effected by a solitary act of breathing; and if this process goes on in an ill-ventilated room

where several human beings are gathered together, the carbonic acid gas accumulates, usurps the place of the oxygen consumed, and so renders the air less and less fit for the renewal of life. Carbonic acid gas cannot support combustion; hence a lighted candle partially or completely surrounded by it burns slowly or goes out; and so is it with human beings, when more or less completely enveloped in an atmosphere charged with this gas: all the functions of the body are tardily and imperfectly performed, the muscular tissues are enfeebled, the breathing becomes oppressed, the head aches, and, in extreme cases, life is extinguished amidst sufferings of the most distressing nature. The fact can scarcely be too strongly stated that efficient ventilation cannot be secured unless sufficient space be made for the egress from the upper part of a room of the impure air, and provision in the lower part for moderate but sufficient access of fresh air from the surrounding atmosphere. In the greater number of dwelling-houses no direct provision at all has been made for this purpose, and the only ventilation obtained is due to the imperfect fittings of the windows and doors. On the contrary, the floors are covered with carpets, the windows and doors made as impervious as possible to the air, and in the ceiling no apertures exist for the escape of carbonic acid gas. In this way all classes of the community suffer almost equally.

*Airy Sleeping-rooms.*—The fact that carbonic acid gas is inimical to health and life shows the importance of making provision for its uninterrupted removal from our houses and places of assembly, and, above all, from our sitting-rooms and *sleeping-rooms. Airy, well-ventilated sleeping apartments, should be ranked with the most important requirements of life, both in health and disease.* Bedrooms, in which about one-third of human existence is passed, are generally too small, crowded, and badly ventliated. The doors, windows, and

even chimneys are often closed, and every aperture carefully guarded so as to exclude fresh air. The consequence is, that, long before morning dawns, the atmosphere of the whole apartment becomes highly injurious, from the consumption of its oxygen, the formation of carbonic acid, and the exhalations from the lungs and the relaxed skin. In an atmosphere thus loaded with effluvia, the sleep is heavy and unrefreshing, partaking more of the character of insensibility. There are some diseases in which the cause of death is simply an accumulation of carbonic acid gas in the blood; and this condition obtains, in some degree, in a badly-ventilated bedroom. If provision were made for the admission of fresh air, and the escape of impure air, the sleep would be lighter, shorter, and more invigorating. In nearly every instance, the door of the bedroom may be left open, and the upper part of the window let down a few inches—a greater or less extent according to the state of the weather—with perfect safety. A current of air may be prevented from playing on the face of the occupant by placing the bed in a proper situation, or by suspending a single curtain from the ceiling. During thick fogs or severe winds the apertures directly communicating with the external air may be closed, and ventilation secured from the adjoining landing.

The importance of the subject is very correctly and strikingly put by a medical writer of the last century :—"If any person," he remarks, "will take the trouble to stand in the sun, and look at his own shadow on a white plastered wall, he will easily perceive that his whole body is a smoking mass of corruption, with a vapour exhaling from every part of it. This vapour is subtle, acrid, and offensive to the smell; if retained in the body it becomes morbid, but if reabsorbed, highly deleterious. If a number of persons, therefore, are long confined in any close place not properly ventilated, so as to inspire and swallow with their spittle the

vapours of each other, they must soon feel its bad effects." Unpleasant as it is to dwell on such a subject, it is yet true that the exhalations from the human lungs and skin, if retained and undiluted with a continuous supply of oxygen (the active agent in *all* disinfectants), are the most repulsive with which we can come in contact. We shun the approach of the dirty and the diseased; we hide from view matters which are offensive to the sight and the smell; we carefully eschew impurities in our food and drink; and even refuse the glass that has been raised to the lips of a friend. At the same time, "we resort to places of assembly, and draw into our mouths air loaded with effluvia from the lungs and skin and clothing of every individual in the promiscuous crowd: exhalations, offensive to a certain extent from the most healthy individuals, but which, rising from a living mass of skin and lung in a state of disease, and prevented by the walls and ceiling from escaping, are, when thus concentrated, in the highest degree deleterious and loathsome" (*Bernan*).

The great practical inference is, that the only means of preventing persons from poisoning themselves and others is to ensure their being constantly surrounded by fresh air; otherwise, low fevers may result, and such acute diseases as Scarlatina, Measles, Small-pox, etc., may be excited in epidemic forms, often marked by malignant symptoms. The air of an apartment containing several human beings, if unchanged, not only becomes charged with carbonic acid gas, but also, as before stated, impregnated with animal particles which fly off from the skin and lungs, so minute as scarcely to be detected by the microscope, but capable of decomposition; and which taken by the breath into the lungs, may be absorbed, and develop the worst forms of Scrofula and Consumption. But if these particles are given off from persons affected with, or recovering from, Small-

pox, Scarlet-fever, Hooping-cough, Typhus, etc., they will exert a still more injurious influence upon the health, and probably generate in others diseases like those from which they emanated.

*Ventilation of Schools.*—The sanitary arrangements of many schools are notoriously bad. The buildings used for such purposes are often unsuitable, and the cubic and the window space totally inadequate. This applies often both to the school-rooms and the sleeping-rooms, which are over-crowded and badly ventilated, causing loss of appetite, head-aches and general delicacy—effects often attributed to overwork, but in reality due to want of fresh air. Parents should always inspect the rooms, and ascertain their size, the position of the windows and fire-places, and other facilities for ventilation, with the average number of occupants. A rough test of the efficiency of the ventilation of a school-room may be arrived at by entering it after it has been occupied some two hours, and comparing the difference existing between the air of the room and that out of doors.

*Badly-ventilated Churches, etc.*—It is most important to bear in mind that the assembly in an ill-ventilated church,[1] court of law, school-room, theatre, ball-room, or evening party, may include in its number some as yet unsafe convalescents from the diseases previously mentioned. The only security we can suggest is, as far as possible to avoid all places of public resort or private gatherings in which the most ample provision is not made for the admission of fresh air, and for the uninterrupted escape of air spoiled by carbonic acid gas or animal exhalations. In the Section on Small-pox it will be seen that in a recent epidemic the greatest success attended

[1] "The wakefulness of congregations would be much promoted if the truth were more freely mixed with oxygen. Nothing, except dull sermons, makes men more sleepy than carbonic acid."—*W. White.*

the treatment of patients absolutely in the open air in mild weather, and with the windows and doors constantly open, day and night, in the coldest months of the year. In the cure of general diseases, too, pure air exercises a very potent influence. Jackson, writing on the Peninsular war, states that more lives were destroyed by accumulating sick men in ill-ventilated apartments than in leaving them exposed to severe weather by the side of a hedge or common dyke; showing the priceless value of fresh air.

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## 7.—Sunlight.

The importance of sunlight for physical development and preservation is not duly appreciated. Women and children, as well as men, in order to be healthy and well-developed, should spend a portion of each day where the solar rays can reach them directly; this being particularly necessary when there is a tendency to Scrofula. Just as sprouts of potatoes in dark cellars seek the light and are colourless till they come under its influence, and as vegetation goes on but imperfectly in places where sunlight does not freely enter, so children and adults who live almost entirely in dark kitchens, dingy alleys, and badly-lighted workshops, are pale-cheeked and feeble. Houses are only fit to be occupied at night that have been purified by the solar rays during the day.

It has been pointed out by Dr. Ellis that women and children in the huts and even the log cabins of America, which contain only one or two rooms, remain healthy and strong; but that after the settler has built a house, and *furnished it with blinds and curtains*, the women and children become pale-faced, bloodless, nervous, and sickly; the daughters begin to die from Consumption, and the wives from the same, or from some of the diseases peculiar to

women. At the same time, the adult males, who live chiefly out-of-doors, continue healthy.

The value of sunlight for animal development may be illustrated by such facts as the following. In decaying organic solutions, animalcules do not appear if light is excluded, but are readily organised when it is admitted. The tadpole, kept in the dark, does not pass on to development as a frog, but lives and dies a tadpole, and is incapable of propagating his species. In the deep and narrow valleys among the Alps, where the direct rays of the sun are but little felt, Cretinism, or a state of Idiocy, more or less complete, commonly accompanied by an enormous Goître, prevails, and is often hereditary. Rickets, or deformities, crookedness, and enlargement of the bones, are very common among children who are kept in dark alleys, cellars, factories, and mines.

During the prevalence of certain epidemic diseases, the inhabitants who occupy houses on the side of the street upon which the sun shines directly are less subject to the prevailing disease than those who live on the shaded side. In all cities visited by the Cholera, the greatest number of deaths took place in narrow streets, and on the sides of those having a northern exposure, where the salutary beams of the sun were excluded. It is stated that the number of patients cured in the hospitals of St. Petersburg was four times greater in apartments well lighted than among those confined in dark rooms. This discovery led to a complete reform in lighting the hospitals of Russia, and with the best results.

Except in severe inflammatory diseases of the eyes or brain, the very common practice of *darkening the sick-room* is a highly prejudicial one. The restorative influence of daylight is thus excluded, and also the grateful and natural succession of light and darkness; the two always making up the same

period of twenty-four hours, which favours sleep at the appropriate time, and divests the period of sickness of the monotony and weariness of perpetual night.

## 8.—Healthy Dwellings.

To those who are able to choose their habitations we offer a few suggestions. The subject is especially important to delicate families, and to persons predisposed to Consumption; it also deserves the attention of those who are healthy, and desire to maintain that condition unimpaired in themselves and their children. We advise, if possible, a country residence, and the selection of a house so constructed as to secure dryness of the foundation, walls, and roof. The site should be dry—a gentle slope, a gravel soil—and the aspect southerly or westerly; the bedroons, especially those appropriated to cases of sickness, should have this aspect. It should also be a site *from* which there is thorough drainage, but *towards* which there is none. If the house is not upon a slope, the artificial *drainage* must be perfect.[1] In towns and crowded places in which the accumulation of decomposing and decomposed animal and vegetable matter is great, artificial channels or drains must be so constructed that all noxious matters and vapours may be rapidly removed and carried to a distance, before they can impregnate the atmosphere and water. Every dwelling, to be wholesome, should be accessible to the free passage of currents of air, and provided with an unlimited supply of good water. In the choice of a site for a house, a locality should be avoided in which the water is impregnated with lead, iron, or other mineral substances, or in proximity to stagnant waters; the ground should be above the level of the mist or vapour which rises after sunset in marshy and other districts. This subject is of special importance to the

[1] See "Causes" of Enteric Fever, part iii. section 40.

Colonist who may have to select a site for his habitation. In short, the fundamental condition of healthy dwelling-places is—perfect purity of air and water; this must take precedence of all other considerations. The cause of the spread and fatality of the mediæval plagues was neglect of the conditions necessary to secure pure air and cleanliness.

Other points of subordinate importance may be glanced at. The house should not be too closely surrounded by trees, or in immediate proximity to thick woods, as they both attract and retain moisture, while they exclude much sunlight, and prevent the free circulation of air, and thus render the climate cold and damp. A cheerful situation, at the same time commanding the view of green trees, hedges, shrubs, etc., has a beneficial tendency. If compelled to live in a town, the house should face a park, square, or other open place, or at least be situate in a wide, airy street, with a favourable aspect. Lastly, a house should contain adequate bath arrangements, or at least provision for free personal ablutions.

Some who read these pages may not have it in their power to carry out these hints fully, but may be compelled to live where their occupations, families, or means determine; nevertheless, even such may be benefited by these suggestions; for, although they cannot secure perfection in a house or situation, they may aim at an approximation to it.

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## 9.—Exercise.

Exercise strengthens and invigorates every function of the body, and is essential to health and long life. No one in health should neglect to walk a moderate distance every day, and if possible in the country, where the pure and invigorating air can be freely inhaled. *Walking* is the healthiest as well as the most natural mode of exercise. Other things

being equal, this will ensure the proper action of every organ of the body. The walk for health should be diversified, and if possible include ascents and descents, and varying scenery; and be alternated, when circumstances admit of it, with riding on horseback, active gardening, or similar pursuits; and with gymnastics and games of various kinds. Calisthenics prevent deformities as well as cure them. A gymnasium should be attached to every school, whether for boys or girls. Athletic sports and manly exercises should form a part of the education of youth, nor should they be neglected in after life, especially by persons of sedentary pursuits. Many aches and pains would rapidly vanish if the circulation were quickened by a judicious and regular use of the muscles. These modes of exercise, practised moderately and regularly, and varied from day to day, are much more advantageous than the exciting, immoderate, and irregular exertions which characterise the ball-room, the hunting-field, and even the cricket-ground or the rowing-match, which are sometimes pursued so violently as to be followed by severe and permanent injury to the constitution. In the case of very feeble and infirm persons, carriage exercise, if such it may be called, and frictions, by means of bath sheets and gloves, over the surface of the body and extremities, are the best substitutes for active exertion.

The proper periods for exercise are when the system is not depressed by fasting or fatigue, or oppressed by the process of digestion. The robust may take exercise before breakfast; but delicate persons, who often become faint from exercise at this time, and languid during the early part of the day, had better defer it till from one to three hours after breakfast. Exercise prevents disease by giving vigour and energy to the body and its various organs and members, and thus enables them to ward off or overcome the influence of the causes which tend to impair their integrity. It cures many diseases

by equalising the circulation and the distribution of nervous energy, thus invigorating and strengthening weak organs, and removing local torpor and congestion.

Invalids should always be moderate in their exercise; take only short walks, avoid fatigue, and not stand in the open air. The best time for them is in the forenoon, arranged so that they can rest for half an hour before dinner. They should never take exercise *immediately* before a meal or going to bed.

The philosophy of using the muscles is very correctly expressed in the following quotation from Dr. Chambers:—

"If an animal's limbs are duly employed, the muscles keep up their shape and their vigorous power of contraction; their flesh is of a rich bright-red colour when the animal is fully grown, and is firm and elastic. Examine it under a microscope, and you find it made up of even, parallel fibres, each fibre seeming to be engraved over with delicate equidistant cross-markings, like a measuring tape very minutely divided. The more the muscle has been used in a well-nourished frame, the more closely it conforms to the typical specimen of the physiologist:

'Use is life; and he most truly lives
Who uses best.'

But suppose this muscular fibre has been unworked, then the flesh is quite different in aspect: it is flabby and elastic, of a pale yellowish hue, and makes greasy streaks on the knife that cuts it. Sometimes even all traces of fibres have disappeared, and it is converted into an unhealthy fat. Sometimes you may trace fibres under the microscope, but their outline is bulging and irregular, the cross-markings are wanted, and you see instead dark refracting globules of oily matter in them. In short, the muscle is degenerating into fat, retaining in a great measure its shape, but losing its substance. Such is, by God's law, the penalty of not using His gifts."

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## 10.—Clothing.

The adoption of artificial clothing by man serves three purposes,—the regulation of the temperature of the body; protection from friction, insects, and dirt; and ornament.

In this climate clothing is chiefly employed for warmth,

which purpose it secures by moderating or restraining the escape of heat from the body. Articles of clothing have no power in themselves of generating heat, and are designated as warm or cool just in proportion as they restrain or favour its escape. Thus a lady's muff and a marble floor are ordinarily of the same temperature; but the sensation produced by each is widely different, because the animal heat is retained by the muff, and rapidly carried off by the marble. Hence for clothing we select those substances which least conduct heat, such as the wool of sheep and the silk produced by silk-worms, which are superior, as non-conductors, to cotton or linen. In this country we have recourse chiefly to the former in winter, and to the latter in summer, cotton and linen garments being coolest, linen cooler than cotton.

There are several practical errors on the subject of clothing, committed perhaps by a majority of persons, to which we may briefly direct attention. "The first and most obvious of these," says Dr. Baikie, "is wearing too much clothing indoors or in bed, thereby both exhausting the natural powers of the skin, and exposing its action to a sudden check on going out into the cold air. This forms one of the principal objections to the almost universal use of flannel, *worn next the skin*, and kept on even during the night, as is the practice with many persons. The skin is thus unnaturally excited, and in course of time loses its natural action; or, on the other hand, becomes so sensitive as to have its action checked on the slightest exposure." "I never use anything else," the same physician informs us, "than a light cotton shirt to sleep in, and strongly object to the common practice of *sleeping in flannel.*"

*Wearing Flannel next the Skin.*—The prevalence of this objectionable habit suggests the necessity of a word of caution. It is well known that, even in otherwise normal conditions, the skin of some persons is highly irritable and most unplea-

santly excited by contact with flannel, and that when this exalted sensibility exists, the use of flannel next to the skin may develop decided physical alteration. It does this mechanically by retaining the local heat and intensifying reaction. Cases of skin disease often come before us in which Pruritus is thus aggravated and the affection prolonged, especially when combined with neglect of proper ablutions. In congested conditions of the skin, or in morbid states of the cutaneous nerves, flannel is inadmissible; or if necessary to guard against vicissitudes of the weather, it may be worn outside a linen garment, as before suggested. The diseases in which this advice is especially applicable are, according to Dr. Tilbury Fox,—Erythemata, Roseola, Urticaria, certainly Syphilodermata in their early stages, Scabies, and Prurigo. "A remembrance of this little practical fact," says the above author, "will sometimes give us the greatest cause to be thankful that we attended to it, trifling though it be." Flannel, however, is of great value in our variable climate, and may be generally worn through the whole year as a great protection to health and life. Even in summer weather flannel should not be cast aside, but a thin, light garment of that material substituted for a heavy one.

The *colour* of clothing is not unimportant, light being preferable for the following and other reasons:—(1) White reflects the rays of heat which the black absorbs; at the same time it impedes the transmission of heat from the body. Light-coloured clothes are therefore best both for winter and summer, retaining the heat in the former season and keeping it off in the latter. (2) Particles which emanate from diseased bodies, as in miasmatic districts, and unhealthy accumulations, are much more readily absorbed by dark than by light clothing. Therefore those who are exposed to contagious influences in the sick-room, or in unhealthy neighbourhoods, should wear light clothing. Dark clothes favour the trans-

mission of contagious disease from house to house much more readily than light. Dark clothing imbibes odorous particles most readily, as,—the effluvia of the dissecting-room, the smell of tobacco; and even the peculiar odour of London smoke is at once detected in black clothing by country people.

*Frequent changing and cleansing of clothes* is another point deserving attention. The practice of adopting dark-coloured instead of light-coloured garments has frequently its origin in economy, dark clothes tolerating an amount of dirt inadmissible in light. It should be recollected, however, that dark garments contract dirt after being worn a little time as much as light, and if not changed and cleansed may favour the production or spread of disease.

Thick, heavy clothing, the tissues of which are close and firm, is inconvenient. The textures of materials for clothing should be loose and porous, and contain air in their interstices —air being a bad conductor of heat.

"The advantage of having numerous light instead of fewer heavy coverings to the skin are these:—the stratum of air interposed between each layer of covering being a non-conductor, they are relatively much warmer than a much greater thickness in fewer pieces; 2ndly, they can be more easily laid aside to suit changing temperature; 3rdly, being lighter they are less apt to overheat the wearer, and thus lessen the chance of a consequent chill."

In China, one of the most changeable climates in the world, the variation in one day being frequently 35 or 40 degrees, this is the mode adopted by the natives to protect themselves: a working man will often appear in the morning with fifteen or twenty light jackets on, one over the other, which he gradually strips off as the day gets warm, resuming them again towards night.

Other points may be briefly referred to. Summer clothes should not be put on too soon, or winter ones too late. Thin-

soled or high-heeled boots and shoes are destructive to health. *High-heeled boots* tend to change the long axis of the body directing the trunk backwards, and this altering the inclination of the pelvis is likely to influence unfavourably the process of gestation. Other injuries that have resulted are—troublesome corns, inflammation of the ligaments of the ankle-joint, and of their sheaths, and even dislocation of this joint. Only the anatomist knows the frightful misplacement of the internal organs of the body that is caused by the suicidal habit of *tight-lacing*. It gives rise, more or less, to that depression of spirits so common to young ladies; and worse still, occasionally originates or aggravates organic disease of the most serious description. The muscles of the body were intended to sustain it erect; but when stays are applied, they soon become indispensable, by superseding the action of the muscles; and, in accordance with a well-known law of the muscular system, when they cease to be used they cease to grow, and become insufficient for the discharge of their natural functions.

Finally, it may be stated that the clothing of children, whose feeble frames are less able to resist cold than those of adults, is generally insufficient. When a baby is divested of its long clothes, it is in danger of being insufficiently clad, the danger increasing when it can run alone, and is more exposed to atmospheric influences. It cannot be too strongly impressed upon those who have the charge of children, that the practice of leaving those parts exposed which when grown up we find it necessary to clothe warmly, especially the lower limbs and abdomen, is a frequent cause of retarded growth, mesenteric disease, Consumption, etc. Insufficient warmth of body, whether in children or adults, renders the person more susceptible to the invasion of disease.

## 11.—Bathing.

Every person in health should bathe or sponge the whole body once a day with cold water, immediately following it by friction and exercise, to promote the reaction. Practised in accordance with the directions we have given, the bath is a most potent aid to health. Much of the vigour of the ancient Romans was due to the important place the bath occupied in the everyday employments of life amongst them; and undoubtedly as a nation we should be healthier in mind and body if the bath, so often recommended in this Manual, were universally adopted amongst us. Merely washing the exposed parts of the skin is by no means sufficient; the entire surface of the body requires the application of water, with the use of pure soap, for the purpose of cleanliness, and as a means of invigorating the capillary circulation, and so fortifying the system as to enable it to resist atmospheric vicissitudes. The secret of attaining these ends consists in employing the cold water in such manner and degree, and maintaining the body in such a state before and after the application, as that the reaction or glow shall be most perfect. The cold sponge-bath may be adopted with safety by almost any one, the shock not being too great, and good friction rapidly causing agreeable warmth. The best period for a cold bath is on rising from bed, before the body has become chilled. The time the sponging should be continued must be regulated by the condition of the patient; if he be weak, the time should be brief, as from one to two minutes; for if continued too long, instead of tonic effects, depression will follow, which may continue during the whole of the day. If the weather and the water be very cold, and the bather delicate, the bath should be taken before a good fire. Very young children are benefited by cold sponging or bathing, even during the winter months. Cold bathing

should not, therefore, be practised when the body is cold or cooling, or when it is exhausted by exertion or fatigue, or if the system is naturally too weak, or when the skin feels chilly, until this feeling has been removed by friction or exercise. A bath should not be taken too soon after a meal; for then the circulation should be undisturbed, as the stomach requires all its power to digest the food; nor should the time spent in the bath be too long; that may vary, according to circumstances, from about one to four minutes.

*Temperature.*—The water of the bath should not be colder than 59°, ranging from this to 64, according to the season, and according to the temperature of the room. The temperature of the bath-room should be 64° or 65°; if lower than this, the water should be a little warmer, and if the room is *cold*, then the water should be 68°, and the bathing process performed as quickly as possible. The temperature of the bath-room is a point of considerable importance, and it can only be accurately measured by a thermometer; one of these useful instruments should therefore be kept in every bath-room.

If the important conditions stated above are disregarded, the immediate depressing effects of the bath will be continued; there will be no glow of reaction, and subsequent chilliness and dulness will ensue. An occasional addition of sea-salt to the water, as recommended in the next paragraph, communicates a stimulating property favourable to reaction. A similar effect is likely to result from the force or shock with which the water is applied; probably a shower-bath is the most efficient, as it most excites those forcible and deep inspirations which are the most efficient cause of the reaction which follows. The reaction is further promoted by vigorous friction over the entire surface with large coarse towels, which operates both by stimulating the cutaneous vessels, and also by the muscular exertion, which promotes the more energetic

action of the heart. A brisk walk after the bath also tends to promote reaction.

*Sea-salt Baths.*—Those who are unable to secure sea-bathing may enjoy, to a limited extent, its advantages, by adding a solution of *Sea-salt* to the water of the bath. Sea-salt is the residuum of evaporated sea-water; and if it be added in proper quantity to a bath, so that the mineral ingredient approximates to that contained in sea-water, it will be very much more efficacious than a simple fresh-water bath, in consequence of the stimulating action of the water upon the skin imparted by the saline matter which it holds in solution. The addition of salt obviates the chill which fresh water sometimes gives. It will often be found that consumptive patients, with feeble circulation and cold hands and feet, are much benefited by a salt-water bath, who could not bear the shock of fresh water. In the absence of sea-salt, a handful of bay-salt or of common salt may be used.

Such a bath, taken regularly in the morning, is conducive to health in two ways:—It inures the body to a degree of cold greater than it is likely to be exposed to during the rest of the day, and so protects it from the influence of atmospheric changes; and it tends to remove irregularities in the circulation, and, by exciting the healthy action of the skin, aids that organ in removing disease.

It is not every one, however, who can with safety practise bathing in the manner just now pointed out. Cold bathing would be very hazardous to patients who are extremely weak, or who have any organic disease, especially of the heart or lungs; there may also be some idiosyncrasy or condition of the constitution peculiar to the individual which would render such a course undesirable. Patients who have any ground for doubt on the subject should consult their medical attendant. Caution is more particularly necessary in infancy and old age. The adaptation of the cold bath to individual cases

may often be determined by the following criterion:—If, after a bath, the patient remains chilly, languid, and dejected, or suffers headache, it had better be discontinued, and subsequently gradually adopted; but if the sense of cold rapidly passes off, and a glow of warmth and animation of spirits succeed and continue for some time, the cold bath is almost sure to be productive of good.

The *warm bath* is a great luxury, and to the feeble and exhausted frame is often very beneficial. The temperature may be varied according to the sensations of the patient, but as a rule should be that of the temperature of the blood—96° to 98°; if higher than 98°, the bath may be followed by a profuse perspiration, which weakens the system. Warm bathing, however, including the hot-air or Turkish bath, except as a remedial agent, and prescribed by a medical man, is generally prejudicial.

*Sea-bathing* is of the greatest value to convalescents from acute diseases, to those whose health has been injured by excessive work, town residence with sedentary occupation, excesses of various kinds, and in many chronic illnesses, when debility is not excessive. It should not be indiscriminate. The propriety of it depends on the health of the bather, the temperature of the water, and the motion of the sea. Adults in robust health may remain from five to eight minutes; if they can swim and are accustomed to bathe, they may remain so long as they feel warm. If the water is very cold or the sea is strong, less time should be allowed. Delicate persons should choose a smooth sea. Strong persons may bathe before breakfast; others only in the forenoon. Sea-bathing is prejudicial when the body is exhausted, or overheated, or cold, or rapidly cooling. A short walk, without fatigue, should precede the bath; a longer walk, also without fatigue, should follow it. Stout, plethoric persons, liable to rushes of blood, palpitation, giddiness, etc., should

bathe very cautiously. Aged persons should regard themselves in this matter as invalids. Persons in feeble health and old age should only plunge into the sea, remain a minute or two, then leave it. Infants, feeble children, and timid children are scarcely strong enough for the open sea. Injury is done to the feeble by a disregard of their imperfect reactionary power, and to the timid by disregard of the strain upon their nervous system. Warm glow and exhilaration of spirits after the bath indicate its beneficial action. On the contrary, chilliness and depression are indications of harm.

The temperature of baths may be thus classified—cold, 33° to 60°; cool, 60° to 75°; temperate, 75° to 85°; tepid, 85° to 92°; warm, 92° to 98°; hot, 98° to 112°.

For various forms of baths, and their adaptation to persons in disease, see page 96 *et seq.*[1]

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## 12.—The Influence of Professions and Occupations on Health.

Whatever may be the particular employment of an individual, it can rarely be divested of certain effects more or less prejudicial to health. Occupations which permit the free use of pure air and moderate muscular exercise, with exemption from want or anxiety, are most conducive to long life. Statistical tables afford abundant evidence of the correctness of this statement. The following table from Tarbell's "Sources of Health," published at Berlin in 1834, although on too limited a scale for general application, undoubtedly approximates to the truth.

[1] On Bathing generally, see *H. World*, v. i. p. 173; v. ii. p. 45; v. iv. p. 194.

| | | | | |
|---|---|---|---|---|
| Of 100 | Clergymen | 42 | attained the age of 70 years | and upwards. |
| ,, | Farmers | 40 | ,, | ,, |
| ,, | Commercial Men | 35 | ,, | ,, |
| ,, | Military Men | 33 | ,, | ,, |
| ,, | Lawyers | 29 | ,, | ,, |
| ,, | Artists | 28 | ,, | ,, |
| ,, | Teachers | 27 | ,, | ,, |
| ,, | Physicians | 24 | ,, | ,, |

The first half in the above list, with the exception of the clergymen, are necessarily much exposed to the air, and take physical exercise; but the other half, with the exception of the physicians, are chiefly confined in-doors, engaged in sedentary occupations. The difference between the longevity of the clergyman and the physician may no doubt be accounted for by the fact that the literary pursuits of the former are not so multifarious and unremitting as to prevent sufficient out-door exercise being taken ; the nature of his studies may be regarded as favourable to a long life, by inspiring influences conducive to hopefulness and serenity. The physician, on the other hand, is exposed to influences often adverse to health ; he has frequently to encounter the poison of infectious disease, and is often unable to observe those rules and precautions which it is his duty to enforce upon others ; his responsibility often involves extreme mental anxiety ; and his almost incessant occupation of both mind and body no doubt account for his comparatively short life. There are, however, instances of medical men attaining an advanced age. Harvey reached the age of 81 ; Hoffman, 83 ; Hahnemann, 88 ; Heberden, 93 ; and Hippocrates, 109. The last, it is said, was much engaged in travelling, and passed more of his time in the country than in crowded cities.

*Why employments are unhealthy.*—The chief circumstances which render occupations unhealthy are, deficiency of daylight and pure air ; a bad posture of the body during employment ; and the inhalation of poisonous substances, or dust, which produces mechanical irritation of the lungs.

Abundance of sunlight is of great importance in workshops and offices, particularly where the young are employed. As already pointed out, patients make better and more rapid recoveries in well-lighted hospitals; and very serious cases are generally placed on the sunny side of such buildings. If, therefore, persons are more likely to regain health in such apartments, we may fairly conclude that health will be better preserved in a large, well-lighted workshop or office. Windows, therefore, should be frequently cleaned, and the walls and ceilings whitewashed at least twice a year.

There is at present a general and just outcry about defective drainage; but the diseases and mortality from this source bear a very small proportion to those from overcrowding. Spacious, airy, and well-lighted offices and workrooms for clerks, compositors, tailors, dressmakers, and others, would prevent a large amount of chronic disease; at the same time, work would be better done, and skilled labour rendered far more productive and valuable.

The influence of *posture* is not unimportant. The sedentary occupations followed by book-keepers, milliners, sempstresses, tailors, shoemakers, and others, are often most unfavourable to health, because the sitting posture is generally combined with an inclination forwards, so as to compress the chest and stomach. To a limited extent, the hurtful consequences of such postures may be avoided by occasionally changing to a standing one when at work, and by taking out-door exercise during the hours of relaxation. Abundance of healthful recreation in the open air is the best corrective of the injurious consequences of sedentary employments.

## CHAPTER II.

### Signs and Symptoms of Disease.

To recognise fully the various evidences of an unhealthy action of the system, a long course of study, including both healthy and morbid anatomy, is necessary. If, however, the several points referred to in this chapter be carefully studied, they will aid us in arriving at a tolerably accurate idea of the nature and severity of the disease we have to treat. The following are common and well-known diagnostic signs.

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### 13.—The Pulse.

The pulse is produced partly by the forcible expulsion of blood from the heart, through the *aorta* (the great arterial trunk), and thence into the various arteries of the body, by each contraction of the left ventricle of the heart; and partly by the innate contractility of the arterial walls. Its character will consequently be modified by the condition of the heart, the blood-vessels, and the blood itself.

In feeling the pulse, great gentleness should be observed, so as not to excite the action of the heart, which would defeat the object in view. The pulse may be examined in any part where an artery is so close to the surface that its throb can be plainly felt; but in general the most convenient locality is at the wrist. While examining the pulse, there must be no pressure exerted upon the artery in any part of its course, by tight sleeves, ligatures, etc. The examiner should place three fingers just above the root of the thumb and the joint of the wrist, with his thumb on the opposite side, so as to be able to regulate the pressure at will. Its frequency may thus be measured by the seconds-hand of a watch; but its peculiar

characteristics, as indicative of various phases of disease, can only be appreciated by the educated hand of the medical man. By this method we can detect its rhythm, its fulness, or softness; whether by compression it may be rendered less perceptible; whether it is strong and bounding, forcing the fingers almost from the arm; or hard, or small and wiry, like the vibrations of a string; or intermittent, striking a few beats, and then apparently stopping for one or two beats; or whether the pulsations flow into each other, small and almost imperceptible.

Healthy Pulse.—The healthy pulse may be described as uniform, equal, moderately full, and swelling slowly under the fingers; it is smaller and quicker in women and children. In old age the pulse becomes hard, owing to increased firmness or to structural change in the arterial coats. The average number of beats of the healthy pulse in the minute, at different ages, is as follows:—At birth, 140; during infancy, 120 to 130; in childhood, 100; in youth, 90; in adult age, 75; in old age, 65 to 70; decrepitude, 75 to 80.

The pulse is influenced, however, by the following and other conditions, which should be considered in estimating the character of the pulse as a diagnostic sign. It is faster in the female than the male, by from six to fourteen beats; but this difference only occurs after about the eighth year. It is quickened by exertion or excitement; it is more frequent in the morning, and after taking food; it beats faster standing than sitting, and sitting than lying; but it is retarded by cold, sleep, fatigue, want of food, and by certain drugs, especially *Digitalis*.

Pulse in Disease.—In estimating the differences of the pulse as signs of disease, allowances must be made for those sudden irregularities which are often observable under transient excitement or temporary depression, especially of nervous persons.

*The rapid pulse*, especially if strong, full, and hard, indicates inflammation or fever; if small and very rapid, it points to a state of great debility, such as is often present in the last stage of Enteric fever.

*The jerking pulse* is marked by a quick and rather forcible beat, followed by a sudden, abrupt cessation, as if the direction of the wave of blood had been reversed, and is indicative of structural disease of the valves of the heart.

*The intermittent pulse* is that in which a pulsation is occasionally omitted, and is frequently owing to some obstruction in the circulation in the heart or lungs, or Inflammation or softening of the brain, Apoplexy, etc.; also in some forms of valvular disease of the heart; and where *Hernia*, or *Enteritis*, has proceeded to *Gangrene* of the intestine. Prolonged over-exertion, watching, want of rest, anxiety, etc., may produce it. In minor degrees, Indigestion with flatulence may produce it.

*The full pulse* occurs in general plethora, or in the early stages of acute disease; while the *weak pulse* denotes impoverished blood, and an enfeebled condition of the system.

When the pulse resists compression, it is said to be *hard*, *firm*, or *resistant;* if it is small as well as hard, it is said to be *wiry*.

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## 14.—Temperature and the Clinical Thermometer.

During the past few years considerable help has been derived in the diagnosis and treatment of disease from the use of the clinical thermometer. In all cases of illness, to count the pulse and the respirations is not more important than to measure the heat. The thermometer aids the physician in arriving at definite conclusions, and relieves him of much mental anxiety, and in many cases gives him a clue to the disease even before characteristic symptoms have made

their appearance. In temperate regions the normal heat of the human body, at sheltered parts of its surface, is 98·4° Fahr., or a few tenths more or less; and a persistent rising above 99·5° or a depression below 97·3° Fahr., are signs of some kind of disease. The maintenance of a normal temperature, within the limits above stated, gives a complete assurance of the absence of anything beyond local and trifling disturbances; but any acute disease unnaturally elevates the temperature or animal heat, and many diseases are thus indicated some time before they could be detected by any other means.

The thermometer enables us to diagnose decisively between an inflammatory and a non-inflammatory disease; it also helps us to determine the severity of the inflammation by the number of degrees to which the thermometer is raised. *Hysteria*, it is well known, often simulates inflammatory disease; but the temperature of hysterical persons is *natural*, whereas that of persons really suffering from inflammation is *always raised*. A case is recorded of a girl supposed to be suffering from Hysteria simulating a case of inflammation of the membranes of the brain. The hysterical tendency of the patient led to the supposition that there was only an *apparent* symptom of inflammation: the thermometer determined the genuineness of the symptoms; for it showed a temperature of 103·5°, proving the actual existence of grave inflammation, afterwards confirmed by the fatality of the disease.

In *acute fevers*, the thermometer affords the best means of deciding in doubtful cases; it is often the best corrective of a too hasty conclusion, and is indispensable for prognosis. Thus, in *Typhoid fever*, the rise of temperature, or its abnormal fall, often indicates what is about to happen one or two days before any change in the pulse, or other sign of mischief, may be observed.

*In Consumption*, the thermometer affords us most valuable diagnostic information. The symptoms and signs are often

obscure, or their true cause may be doubtful; especially in the early stage of the disease, when treatment is likely to be of greatest avail. The importance of the aid of the thermometer in this case will be recognised by the fact that during the deposit of tubercle in the lungs, or in any organ of the body, the temperature of the patient is always raised from 98°, the normal temperature, to 102-3°, or even higher, the temperature increasing in proportion to the rapidity of the tubercular deposit. A persistent elevation of the general temperature of the body has often been found to exist for several weeks before loss of weight or physical signs indicating tubercle in the lungs could be appreciated. Hence an elevated temperature not only affords us certain information as to the existence of *Phthisis*, but the degree of that elevation enables us to estimate the extent and progress of the disease; for a persistent rise shows that the disease is progressing, or that unfavourable complications are setting in.

In *Measles*, the thermometer is almost the only means of learning at an early stage the invasion of Pneumonia.

In *Ague*, several hours before the paroxysm, the temperature of the patient's body rises considerably.

In *Acute Rheumatism*, a temperature of 104° is always an alarming symptom, indicating grave complication, such as involvement of the valves of the heart. In short, a temperature of 104° to 105° in any disease, indicates that its progress is not checked, and that complications are liable to arise.

In all cases of convalescence, so long as the decrease of temperature proceeds regularly as measured by the thermometer, no *relapses* need be feared; on the other hand, delayed decrease of temperature in Pneumonia, the persistence of a high evening temperature in Typhus or Enteric fever or in the eruptive diseases, and the incomplete attainment of normal temperature in convalescence, are of great significance.

They indicate incomplete recovery, approach of other diseases, unfavourable changes in the products of disease, or the continuance of other sources of disturbance requiring careful examination. The onset of even a slight elevation of temperature during convalescence is a warning to exercise careful watching over the patient, and especially for the maintenance of a due control over his diet and actions (*Aitken*).

These remarks might easily be extended, and illustrations multiplied of the value of the thermometer as an aid to diagnosis; but beyond recommending a small, straight instrument, with a correct scale, self-registering, and taking the observations regularly at the same hours daily throughout the disease, noting at the same time the pulse and the breathing, we have only space for the following directions:—

The best way to "take a temperature" is to place the bulb of the thermometer under the tongue, by the side of the last molar—"wisdom tooth"—and request the patient to close the lips around the stem. The time required to ascertain the temperature correctly is from three to five minutes. Another way is to place the bulb under the armpit; but the former plan is better when practicable.

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## 15.—Breathing.

Healthy inspiration is performed with great ease, by a nearly equal elevation of the ribs and enlargement of the chest, and by descent of the diaphragm. Expiration is the natural return of the chest to its proportions during rest, which is produced by the pressure of the external air, the ascent of the diaphragm, and contraction of the abdominal muscles. An adult breathes about twenty times in a minute. Disease and exertion quicken the rate of breathing.

*Dyspnœa*, or difficult breathing, may result from wasting diseases of the lung substance; adventitious deposits in those

organs (these conditions necessarily lessening the amount of breathing surface); formations of false membranes in the air passages, as in Diphtheria; and inflammation and swelling of the tonsils or tongue—all of which conditions obstruct the entrance of air into the lungs, as does also Asthma, which is a spasm of the muscular coat of the air tubes, and thus cause Dyspnœa.

Effusions into the pleuræ or pericardium, the serous membranes surrounding the lungs and heart, also induce Dyspnœa by causing compression of the lungs. Intrinsic organic and functional diseases of the heart also cause Dyspnœa. Disease of the nerves which preside over the respiratory movements, or in that part of the nervous centres from which they proceed, may also produce serious difficulty of breathing. In Pleurisy, fracture of the ribs, Apoplexy, and cases of great exhaustion, when an insufficient supply of blood is sent to the great nervous centre—the brain—the respiratory movements are deranged, and otherwise greatly or even fatally obstructed.

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## 16.—The Tongue.[1]

This organ affords important indications:—*Dryness* points to diminished secretion, and is common in acute and febrile diseases; *moisture* is generally a favourable sign, particularly when it succeeds a dry or furred condition. A preternaturally *red tongue* is common in the course of the eruptive fevers; in Gastric and Bilious fevers, and in bad cases of Indigestion, the redness is often limited to the edges and tip. The "*strawberry*" *tongue* is a symptom of Scarlet fever; the *fissured tongue* of Typhus and Enteric fevers. When the tongue is *livid* or *purple*, there is defective oxygenation of the blood. The *furred tongue* is the most marked, and is common

[1] See *H. World*, v. vi. p. 156.

in inflammation and irritation of the mucous membranes, in diseases of the brain, in all varieties of fever, and in almost all acute and dangerous maladies. Some persons have usually a coated tongue on rising, without any other symptom of disease. This is especially the case with tobacco smokers. A uniformly white-coated tongue is not very unfavourable; a yellow coat is indicative of disordered action of the liver; a brown or black, of a low state of the vital powers, and contamination of the blood. The gradual cleaning of the tongue, first from the tip and edges, shows a tendency to health, and indicates the cleaning of the whole intestinal tract; in less fortunate cases, as the tongue gets browner, dirtier, and drier, each day, the nerves and muscular systems get weaker, and hope is gradually extinguished; when the fur separates in patches, leaving a red, glossy surface, it is also unfavourable; when the crust is rapidly removed, leaving a raw or dark-coloured appearance, the prognosis must still be unfavourable.

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## 17.—Pain.

This is often a most important indication of the nature and seat of disease, pointing to an interruption of the harmony of the bodily organs. When attended with a throbbing sensation, consequent upon the heart's action, it is called *pulsating pain;* when with a feeling of tightness, *tensive;* when with heat, *burning*. *Nervous* pain may be recognised by its disposition to follow a certain course without being rigidly limited to one particular part; by its being subject to perfect intermissions; and by the suddenness with which it comes and goes. *Spasmodic* pain is mitigated by pressure, by frictions, and by applications of heat; it comes on suddenly with greater or less severity, terminating abruptly. *Inflammatory* pain is constant, attended by heat and quickened pulse,

is increased by movement of the affected part, by touch or pressure, and usually mitigated by rest. Frequently pain occurs, not in the part diseased, but in a distant one. Inflammation of the liver generally first shows itself by pain in the right shoulder; inflammation of the hip-joint, by pain in the knee; stone in the bladder, by pain at the end of the penis; disease of the heart, by pain down the left arm, etc.

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## 18.—The Skin.

In health the skin imparts to the touch the sensation of an agreeable temperature, with just sufficient moisture to preserve its softness; it is also elastic, smooth, and neither too tense nor loose. A *harsh, dry, burning heat* of the skin is indicative of fever, and must ever be regarded as unfavourable, especially in inflammatory conditions of internal organs. If this condition be followed by *perspiration*, coincident with general improvement, it is a favourable indication. Great relief is usually experienced on the occurrence of the sweating stage in Ague, Inflammatory fevers, etc. On the other hand, complications may be feared if perspiration ensue without any amelioration of other symptoms.

Partial or local perspirations indicate a deranged condition of the nervous system, or an affection of the organs beneath the perspiring surface. If perspirations occur after trifling exertion, they point to excessive weakness. Night sweats, of frequent occurrence, not only show debility, but when preceded by chills and fever, indicate a hectic and consumptive state of the constitution.

The *colour* of the skin is also diagnostic. A bluish tint of the skin indicates structural disease of the heart. A yellow colour points to biliary affections. A rich blush of the cheeks, especially if it be circumscribed, and the surrounding parts

pale, indicates an irritable condition of the nervous system, or a diseased state of the lungs.

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## 19.—The Urine.

The urinary organs are,—the kidneys and bladder, with their appendages. The kidneys secrete the urine from the blood, and by this process the blood is relieved of many impurities, which if retained would give rise to disease in the whole system. The secretion of the kidneys reaches the bladder through little channels (*ureters*), and the urine is ultimately discharged through the urinary canal (*urethra*).

*Healthy urine* is of a brightish yellow or amber colour, a tint darker in the morning than in the afternoon, yielding a slight ammoniacal smell, devoid of unpleasant odour, and precipitating no deposit on standing, or only the merest trace of mucus, or of urates from a low temperature. In advanced age the urine becomes darker and slightly offensive; it is darker in persons who lead a very active life; different varieties of food also produce a marked effect both on the colour and odour of urine. The stream of urine should be round and large, and it should be passed about four to six times in twenty-four hours without any pain or straining.

The average *specific gravity* of healthy urine is between 1,020 and 1,025, being in excess of water, which is the standard (1,000), and the normal quantity in adults about forty ounces in the twenty-four hours. A urinometer indicates the specific gravity.

*In disease*, the urine presents many varieties, and furnishes valuable indications to the pathologist. Thus, it may be of a dark yellow or saffron colour, as in Jaundice, or derangement of the liver; it may be red or high-coloured, and scanty, with quickened pulse, as in fever; it may be bloody or slimy,

as in affections of the kidneys or bladder; it may be pale and copious, when metamorphosis is checked, less urea excreted, and the unrenewed blood furnishes no colouring matter, as in nervous and hysterical ailments; it may be heavy, muddy, or of a purple colour, showing an unfavourable condition of the system; or it may be dark or black, indicating putridity. The urine may be passed too copiously or scantily, with pain, with effort, or it may be retained with difficulty. There may be a frequent or uncontrollable desire to micturate, with burning or scalding pain; or the pain may be only experienced in passing the last few drops: in either case local inflammation is indicated.

The specific gravity of urine in Bright's disease is 1,015 to 1,094; diabetic urine, 1,025 to 1,040; in Hysteria it may be as low as 1,007.[1]

In Rheumatic fever, in Gout, etc., the urine is abnormally acid; while, on the contrary, a loss of nervous power sometimes causes insufficient mucus to be secreted, so that, decomposition having taken place, the urine is found to be alkaline. Heat will produce a deposit in acid urine, but not so in alkaline, however large a proportion of albumen it may contain. The microscope enables us to detect casts of tubes, etc., but it should be remembered that many substances may have found their way into the vessel, as fibres of deal, flannel, or cotton, etc., which bear a sufficient resemblance to be mistaken for the above.

When urine has to be examined, a little should be taken from the whole quantity that has been passed during twenty-four hours, as it varies greatly in its properties at different periods of the day, and after food.

[1] See *H. World*, v. vi. p. 38.

## CHAPTER III.

### The Medicines, etc.

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### 20.—Forms, Names, and Attenuations.

The following brief description of the different forms of medicine used in homœopathic practice is given for the sake of the uninitiated. The preparations are of four kinds—viz., *Tinctures, Pilules, Globules,* and *Triturations.*

Tinctures.—These contain the active principles of the vegetable medicines, in a more or less concentrated form, and are supposed to be quicker and more decided in their action, in acute diseases, than either pilules or globules. It is therefore advisable for those who reside at a distance from medical aid to be furnished with a selection of such tinctures as are adapted to sudden and acute diseases, in addition to a complete case of the pilules or globules. The selection recommended by the author for this purpose may be found on pp. 80, 81.

Pilules.—*Pilules* consist simply of a porous non-medicinal substance, medicated, by saturation, with any remedy desired. They are very tangible, and, if kept in a well-corked phial retain their virtue for years. They are well suited for domestic use, especially for commencing the practice.

Globules.—*Globules* are about the size of poppy-seeds, and are prepared in the same manner as pilules. Though considered convenient for administration to infants, they are not very tangible, and their appearance has done much to excite prejudice and ridicule. We are not sorry, therefore, to find that they are now fast giving place to pilules.

TRITURATIONS.—These are in the form of powder, containing a portion of the original drug triturated with a given quantity of sugar-of-milk, and are necessary to the administration of the lower attenuations of *insoluble* medicines, such as *Calc.*, *Carbo V.*, *Hepar S.*, *Merc.*, *Sepia*, *Sil.*, etc.

In addition to the fifty remedies in the list on pp. 80, 81, some others are occasionally prescribed, a brief description of the general uses of most of which may be found in the Materia Medica. The more complete list is given in the table of contents at the commencement.

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## 21.—Doses and their Repetition.

THE DOSE.—In determining the quantity and strength of doses, the age, sex, habits, nature of the disease, etc., must be taken into consideration. Without reference to individual peculiarities, the following may be stated as the proper dose in domestic practice:—

For an adult, two drops of the tincture, three pilules, six globules, or one grain of the trituration.

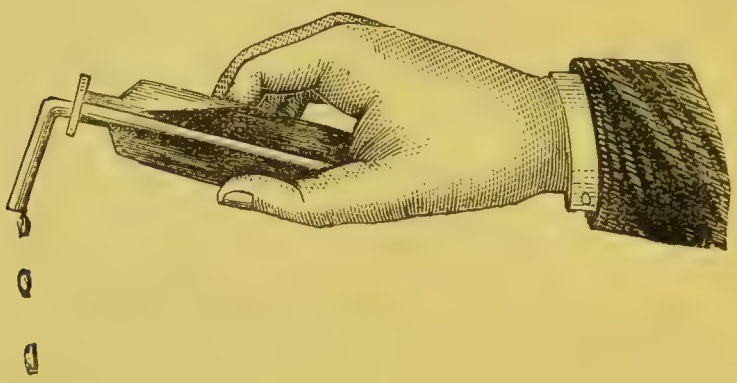
For a child, about one-half the quantity.

For an infant, one-third.

*Drops* or *pilules* are easily divided into any number of doses by mixing them in a corresponding number of spoonfuls of water, and giving one spoonful for a dose. *Trituration* spoons may be obtained, holding about one grain.

DIRECTIONS FOR TAKING THE MEDICINES. — Tinctures should be dropped into the bottom of a glass by holding the bottle in an oblique manner, with the lip resting against the middle of the end surface of the cork; the bottle should then be carefully tilted, when the tincture will descend and drop from the lower edge of the cork, or, which is a much easier method, a piece of solid glass bent at a right angle,

about three-sixteenths of an inch diameter, is introduced into the bottle, as shown in the illustration. This simple contrivance enables the most timid person to drop the tinctures with exactness. Water should then be poured upon the medicine in the proportion of a tablespoonful to a drop.



The vessel should be clean, the mixture kept covered, and the spoon used should not be left in the mixture.[1] If the medicine has to be kept several days, a new bottle, with a new, sound cork, should be used.

*Pilules* or *globules* may be taken dry on the tongue, and sucked, not swallowed whole; but it is better, if convenient, to dissolve them in pure soft water.

The insoluble *Triturations* should be taken dry on the tongue; the soluble ones may be dissolved in a spoonful of water. Before taking medicine the mouth should be rinsed with water.

Hours.—The most appropriate times for taking the medicines, as a rule, are,—on rising in the morning, and at bed-

[1] Glazed spoons, and graduated fine earthenware medicine-cups, with covers, numbered 1 and 2, specially made for this purpose, and sold by homœopathic chemists, are the most suitable. These vessels are recommended, as they protect the medicines from light and dust, and distinguish them from other liquids. Mixtures prepared in glasses or other domestic vessels are often thrown away in mistake, sometimes causing great inconvenience.

time; if oftener prescribed, about half an hour or an hour before, or about two hours after a meal. Under no circumstances should a patient be aroused from sleep to take medicine.

Repetition of Doses.—The frequency of the dose must be determined by the activity of the malady from which the patient is suffering, the urgency of the symptoms, and the effects produced by the medicines. In violent and dangerous diseases—Cholera, Croup, Diphtheria, Convulsions, etc.—the remedies may be repeated every ten, fifteen, or twenty minutes; in less urgent cases, every two, three, or four hours. In chronic maladies, every six, twelve, or twenty-four hours. When improvement takes place, the medicines should be given less frequently, and relinquished when no longer needed.

Alternation of Medicines.—To avoid the confusion resulting from mixing different remedies in one prescription, and to ascertain the simple effect of each, Homœopaths do not mix several drugs together; but, in acute diseases, when the symptoms of the malady are not met by a single remedy, and a second one is indicated, the two may be given in *alternation;* that is, one medicine may be followed by another at certain intervals of time, and in a regular order of succession. In Croup, for example, *Acon.* and *Spongia,* or *Acon.* and *Iod.;* in Pneumonia or Rheumatic fever, *Acon.* and *Bry.;* etc. But the alternate use of medicines should, as much as possible, be avoided. Except in violent and rapid diseases, the author rarely prescribes medicines alternately, and strongly recommends the general discontinuance of that method as one little calculated to yield precise and definite clinical experience. In order to test the value of any remedy it should be given alone. In combining medicines all exact data concerning the real action of any single agent are lost.

# LIST OF THE PRINCIPAL MEDICINES PRESCRIBED IN THIS MANUAL,

*Their Latin and English Names, Abbreviations, and the Attenuation, in Tinctures,[1] recommended for domestic use.[2]*

| | LATIN. | ENGLISH. | ABBREV. | ATTEN.[2] |
|---|---|---|---|---|
| 1. | **Acidum Nitricum** | Nitric Acid | *Ac.-Nit.* | 1 |
| 2. | **Acidum Phosphoricum** | Phosphoric Acid | *Ac.-Phos.* | 1 |
| 3. | **Aconitum Napellus** | Monk's Hood | *Acon.* | 3x |
| 4. | **Antimonium Tartaricum** | Tartar Emetic | *Ant.-Tart.* | 3 |
| 5. | **Apis Mellifica** | Honey-Bee | *Apis* | 3x |
| 6. | **Arnica Montana** | Leopard's Bane | *Arn.* | 3x |
| 7. | **Arsenicum Album** | White Arsenic | *Ars.* | 3x |
| 8. | **Belladonna** | Deadly Nightshade | *Bell.* | 3x |
| 9. | **Bryonia Alba** | White Bryony | *Bry.* | 3x |
| 10. | **Cactus Grandiflorus** | Midnight-blooming Cereus | *Cact.* | 3x |
| 11. | **Calcarea Carbonica** | Carbonate of Lime | *Calc.-C.* | 5 |
| 12. | **Cantharis** | Spanish Fly | *Canth.* | 3x |
| 13. | **Carbo Vegetabilis** | Vegetable Charcoal | *Carbo V.* | 5 |
| 14. | **Chamomilla Matricaria** | Wild Matricary | *Cham.* | 3x |
| 15. | **China** | Peruvian Bark | *China* | 1x |
| 16. | **Cimicifuga Racemosa** | Black Snake-root | *Cimic.* | 3x |
| 17. | **Cina Anthelmintica** | Worm-seed | *Cin.* | 3x |
| 18. | **Cocculus Indicus** | Indian Berries | *Cocc.* | 3x |
| 19. | **Coffea** | Raw Coffee | *Coff.* | 3x |
| 20. | **Colocynthis** | Bitter Cucumber | *Coloc.* | 3x |
| 21. | **Cuprum Aceticum** | Acetate of Copper | *Cup.-A.* | 3x |
| 22. | **Digitalis** | Fox-glove | *Dig.* | 3x |
| 23. | **Drosera Rotundifolia** | Round-leaved Sundew | *Dros.* | 1x |
| 24. | **Dulcamara** | Bitter-Sweet | *Dulc.* | 3x |
| 25. | **Ferrum Muriaticum** | Muriate of Iron | *Ferr.-Mur.* | 1x |
| 26. | **Gelseminum Sempervirens** | Yellow Jessamine | *Gels.* | 1x |

[1] When the medicines are prepared in pilules or globules the attenuation of several of them must be slightly modified, according to the discretion of a qualified chemist.

[2] Medical practitioners have usually a wide range of attenuations, as recommended in the List of Remedies and Attenuations following the Clinical Directory, Part V.

| | Latin. | English. | Abbrev. | Atten. |
|---|---|---|---|---|
| 27. | **Hamamelis Virginica** | Witch Hazel | *Ham.* | 1x |
| 8. | **Hepar Sulphuris** | Liver of Sulphur | *Hep.-S.* | 3 |
| 29. | **Hydrastis Canadensis** | Golden Seal | *Hydras.* | 1x |
| 30. | **Hyoscyamus Niger** | Henbane | *Hyos.* | 3x |
| 31. | **Ignatia Amara** | St. Ignatius' Bean | *Ign.* | 3x |
| 32. | **Iodium** | Iodine | *Iod.* | 3x |
| 33. | **Ipecacuanha** | Ipecacuanha | *Ipec.* | 1x |
| 34. | **Iris Versicolor** | Blue-Flag | *Iris* | 3x |
| 35. | **Kali Bichromicum** | Bichromate of Potash | *K.-Bich.* | 3 |
| 36. | **Lycopodium Clavatum** | Common Club-moss | *Lyc.* | 5 |
| 37. | **Mercurius Corrosivus** | Corrosive Sublimate | *Merc.-Cor.* | 3x |
| 38. | **Mercurius Solubilis** | Impure Oxide of Mercury | *Merc.-S.* | 3 |
| 39. | **Nux Vomica (Strychnos)** | Vomit Nut | *Nux V.* | 3x |
| 40. | **Opium** | Opium | *Opi.* | 3x |
| 41. | **Phosphorus** | Phosphorus | *Phos.* | 3x |
| 42. | **Podophyllum Peltatum** | May-Apple | *Podoph.* | $\phi$ |
| 43. | **Pulsatilla Nigricans** | Wind Flower | *Puls.* | 3x |
| 44. | **Rhus Toxicodendron** | Poison Oak | *Rhus* | 3x |
| 45. | **Sepia Succus** | Inky Juice of Cuttlefish | *Sep.* | 5 |
| 46. | **Silicea** | Pure Flint | *Sil.* | 5 |
| 47. | **Spigelia Anthelmia** | Indian Pink | *Spig.* | 3x |
| 48. | **Spongia Tosta** | Toasted Sponge | *Spong.* | 3x |
| 49. | **Sulphur** | Sublimed Sulphur | *Sulph.* | 3 |
| 50. | **Veratrum Album** | White Hellebore | *Ver.-Alb.* | 3x |

Also the strong Tincture of Camphor, which must be kept by itself.

If the medicines are only kept in pilules or globules, the following twelve tinctures, of a low attenuation, for acute cases, should be kept in a small separate case or drawer, namely:—Nos. 3, 7, 8, 9, 15, 33, 37, 39, 41, 43, 44, and 50.

## Mother Tinctures for External Use.

**Arnica Montana** $\phi$ **Cantharis Vesicatoria** $\phi$ **Ledum Palustre** $\phi$
**Calendula Officinalis** $\phi$ **Hamamelis Virginica** $\phi$ **Rhus Toxicodendron** $\phi$

These are recommended to be kept, with Arnica-plaster, strapping-plaster, scissors, forceps, oiled-silk, lint, etc., in a compartment separate from the medicines in the body of the chest.

The list of medicines recommended for persons *beginning*

homœopathic practice is as follows:—Nos. 3, 4, 6, 7, 8, 9, 11, 13, 14, 15, 17, 19, 20, 23, 24, 26, 28, 31, 33, 35, 36, 38, 39, 41, 43, 44, 46, 48, 49, 50.

A useful *Traveller's* case, or case for the pocket, would include remedies numbered in the list above printed, 3, 6, 7, 8, 9, 14, 15, 20, 26, 31, 33, 37, 39, 41, 43, 44, 49, 50.

Medicine Chest.—A chest to suit this Manual should be constructed expressly to contain the medicines mentioned in the list on pp. 80, 81, or the more complete list in the table of contents at the commencement; it should be protected from light and heat, and also kept apart from substances which emit a strong odour. Immediately after using a bottle it should be corked again, and the corks or medicines never changed from one bottle to another.

Corks.—If a cork decay, or become damaged, a new one should be at once substituted. Except for acids, good sound corks are preferable to glass stoppers, as they more effectually prevent evaporation, preserve the virtue of the medicine, and are easily replaced when broken. Missionaries, emigrants, etc., should take an extra supply of new ones. Immediately after use, a bottle should always be re-corked, and the corks or medicines should never be changed from one bottle to another.

If the above directions are observed, the medicines may be kept unimpaired for years.

Genuine Medicines.—To obtain a beneficial action from the remedies herein prescribed, it is essential to procure them from a person of known character, who has been trained, and who is exclusively engaged as a Homœopathic chemist. Failures in Homœopathic practice often arise, no doubt, from the inefficient medicines. Inasmuch as any person has been hitherto allowed to assume the designation of "Homœopathic chemist," without submitting to any test of qualification, there is the greater need for exercising caution as to the

source from whence the medicines prescribed are obtained. Persons who are in doubt on the subject, and in whose locality there is no such chemist as we have indicated, should consult a professional Homœopath, who will inform them of trustworthy persons from whom the medicines may be procured. Homœopathic remedies should not be purchased from an Allopathic druggist's shop, unless a separate room is specially appropriated to them; otherwise the virtues of the medicines are liable to injury by close proximity to strong-smelling drugs; and, further, Homœopathy, with such associations, is generally kept in the background. Druggists, with few exceptions, are opposed to Homœopathy, often depreciate it, and, when they can do so, recommend their own preparations in preference.

# PART II.

## Accessories in the Treatment of Disease.

### 22.—Cod-Liver Oil.

The value of this agent in the treatment of many constitutional diseases is amply confirmed by long experience. It should be regarded as food rather than medicine, although the minute amount of *Iodine* and *Phosphorus* it contains may account for its curative virtues in many cases in which cod-liver oil has been the only remedy given.

The complaints in which cod-liver oil is of service need not be here enumerated, as it is prescribed in numerous instances in the following pages. We may, however, state that it is specially valuable in the various forms of *Scrofula*—chronic discharge from the ears, strumous Ophthalmia, enlargement of the glands, strumous disease of the bones, strumous Abscesses, etc., and, in short, in all diseases which require fatty substances as food, and *Iodine* as a remedy. Its assimilation is promoted, and its beneficial action greatly enhanced, by the addition of ten drops of the first dilution of *Iodium* to each pint of the oil. This addition is especially recommended in Phthisis Pulmonalis, and Atrophy.

In the treatment of *Consumption* it stands pre-eminent, by almost universal consent; when given in suitable cases, its power in checking emaciation and raising the tone of the muscular structures is well known.

The value of cod-liver oil is often very marked in the sequelæ of many acute diseases or inflammations occurring in middle-aged and in old persons, in whom the reparative

powers are less active than in children; also in the after-effects of the acute fevers of children who have suffered, previous to such attacks, from impoverished health, Scrofula, etc.,—as chronic discharge from the ears and nose after Scarlet fever and Measles; the after-stages of Hooping-cough. Rickets, Chorea, etc., are generally much benefited by the administration of cod-liver oil. Chronic Rheumatism and Gout, chronic Bronchitis, chronic skin diseases, and the degenerative diseases of the aged, are all more or less benefited by the employment of this agent.

Caution.—Cod-liver oil should not, however, be administered indiscriminately. It is generally inadmissible during the persistence of acute febrile symptoms, congestion, hæmoptysis, or any active form of disease; digestion is then impaired, the mucous membrane irritable, and the oil is only likely to occasion disorder. The sphere of cod-liver oil is to remove exhaustion and increase general tone; this is best accomplished when active morbid processes and local irritation have subsided, for then the system is in a condition to appropriate a larger amount of nourishment.

Some caution is necessary to be observed in the administration of oil to obviate nausea or eructations. Such effects generally result from the quantity or quality of the oil used. The large quantity of oil taken in some cases occasions disorder of the digestive mucous membrane, or it passes off with the evacuations. The appearance of any oil unchanged in the evacuations is a sign that the quantity should be reduced, as more is given than can be digested. We generally recommend it at first, in teaspoonful doses, twice a day, with, or immediately after, food; if the stomach be intolerant of it, a teaspoonful, or for young children ten or twelve drops, once a day. If there be still difficulty in retaining the oil, we prescribe it at bed-time, just as the patient is lying down to sleep. In cases of extreme irritability of the stomach, cod-

liver oil may be introduced into the system by friction; a considerable amount of friction, as much as the patient can bear, facilitates absorption.

The disagreeable effects of oil, and the repugnance felt towards it, have often been created by inferior and disgusting preparations, and we fully endorse Dr. Chambers' remarks, who, writing on Consumption, says, "To find the easiest assimilated oil, and to prepare the digestion for the absorption of the oil, are the main problems in the cure of Consumption." Probably the best method of rendering the oil palatable is to have it made up in bread, as it is then scarcely tasted. The proper proportion is two to four tablespoonfuls of the oil to one pound of dough. Small pieces of ice in each dose of oil also render it almost tasteless.

Claret or ginger wine are other vehicles for cod-liver oil. The oil should be poured upon the wine, so that it does not touch the glass, but floats on the wine as a large globule, in which way it may be swallowed without taste. A few morsels of agreeable food should then be eaten. A yet further plan to obviate taste and nausea is to take a pinch of salt immediately before and after the oil. And, if the fish be not unsuitable, one or two teaspoonfuls may be given with a sardine, the oil being poured over in the absence of the child or patient.

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## 23.—Food for Infants, Invalids, etc.

Beef-Tea.—Put half a pound (or a pound, according to the strength required) of rump-steak, cut up into small pieces, into a covered copper saucepan, with one pint of cold water. Let this stand by the side of the fire for three or four hours, and let it then simmer gently for one hour. Skim well, and serve. If grease be specially repugnant, the last traces may

be removed by lightly skimming the surface with pieces of blotting paper.

The meat used should be as fresh as possible—the fresher the better—and should be cleared beforehand of all fat or gristle. If this precaution be neglected, a greasy taste is given to the beef-tea, which cannot afterwards be removed except by the above method, or by allowing it to become cold. The saucepan used should be made of copper or tin; iron saucepans should not be used, unless enamelled. In re-warming beef-tea which has been left to cool, care must be taken to warm the tea up to the point at which it is to be served, and no higher; it should on no account be allowed to boil. When once allowed to get cold, it never regains the agreeable flavour it possessed when fresh.

Essence of Beef.—Druitt directs its preparation as follows:—"Take a pound of lean beef, free from skin, bone, and fat; chop it up; put it into a large earthen jar with cover; cement the edges with flour paste; tie it up tightly in a cloth; put it into a saucepan, and let it boil for two hours; pour off the liquid essence from the coagulated muscle; let it stand till cold; skim off the fat." This contains a large quantity of nutriment, is generally pleasant to the palate, and is particularly valuable in *extreme exhaustion*. A few teaspoonfuls may be given every three or four hours.

Liebig's Extract of Meat is an economical and most valuable preparation of beef-essence. It is invaluable in nearly all cases of *physical debility* and extreme emaciation, especially after profuse losses of blood, collapse from wounds, for patients suffering from severe and prolonged fevers, in the last stages of Consumption, bad cases of Indigestion, in which the stomach rejects any but fluid kinds of food, as an article of diet for nursing mothers, etc. In cases of extreme exhaustion, the extract may be mixed with wine. As it is stimulating, it may take the place of tea and coffee, and will

be found less liable than these to produce derangement of the digestive organs. One recommendation of this extract is that it can be *readily* prepared for use, an important one when the exhausted patient is waiting for food.

These beverages, in common with any nutritious soups, offer a *fluid* form of food just adapted to an imperfect condition of the general bodily functions, which being more or less suspended, require nourishment in a form easy of assimilation. It is on these accounts that their beneficial effects may, at least in part, be attributed. Taken after fatigue, they have a remarkable power of restoring the vigorous action of the heart, and dissipating the sense of exhaustion following severe or prolonged exertion. They are recommended in preference to the glass of wine which some take after preaching, watching, prolonged mental effort, etc.

Rice (whole or ground), barley, isinglass, etc., may often be advantageously added to thicken the beef-tea.

Mutton Broth.—This may be made in a similar manner to beef-tea, either plain or thickened. For this purpose, the best part of the sheep is the scrag end of the neck, free from skin and fat, bruised and cut into small pieces.

Chicken Broth may be prepared from a full-grown young chicken, divested of head, neck, feet, skin, and fat. Toast should be given with it, or it will be rather insipid.

A similar preparation may be more readily made by using Gillon's "Essence of Chicken," which may be procured from any homœopathic chemist. This simply requires diluting with hot water in the proportions stated upon each tin.

Veal Broth is not very palatable; and as it does not contain the nutritious qualities of beef-tea or mutton broth, it is scarcely advisable to introduce it to the sick-room, except for the sake of variety.

Mutton Chops.—For a convalescent, a mutton chop, dipped in oil, broiled over a clear fire, rather than fried, is

generally most suitable. It should be frequently turned on the fire, but not pricked.

Farinaceous Food.—In all cases of fever, enfeebled digestion, and general weakness, it is desirable to rely mainly on farinaceous food. Even beef-tea may sometimes be too stimulating.

Oatmeal Porridge.—When properly made, this is both wholesome and nutritious, especially when a patient does not suffer from any form of bowel irritation. It has long been the staple food of the Scotch, and produces good muscular fibre and strong bone. It is a very nourishing diet for growing children. Common oatmeal is not equal to it; but it is not always easy to obtain the Scotch. It should be prepared as follows:—Boil water according to quantity required, adding salt to taste; while boiling, sprinkle the meal slowly on the surface and stir it in; when enough is added, let all simmer for half an hour or longer, stirring occasionally.

Pearl Barley forms an excellent meal. It should be boiled for four hours, so tied in a cloth that room is left for the grain to swell. Only so much water should be added from time to time as to feed the barley and supply the waste of evaporation, lest the goodness of the barley should be boiled out. It may be served with milk, or (if the patient can digest them) with preserves or butter.

Rice is regarded with prejudice by many, perhaps because it is cheap. But, prepared with milk, it is both wholesome and nourishing. It is easily digested, and is therefore most suitable for persons suffering from disorders of the alimentary canal, such as Diarrhœa and Dysentery; indeed, we have known the disorder arrested by simply taking boiled rice and drinking the rice-water. It requires less time to prepare than barley—one hour is sufficient; but it may be cooked and served in the same way. *Old* rice is better than new.

Baked rice puddings form a pleasant variation. For these ground rice is preferable.

Maccaroni Pudding.—Three ounces of maccaroni should be soaked for forty minutes in cold water, well mashed, then added to a pint of boiling milk. This should be stirred occasionally, while it simmers for half an hour; then two eggs added, beaten up with a dessert-spoonful of sugar; also, if desired, a flavouring of lemon. This may then be baked in a pie-dish for twenty minutes. *Vermicelli* may be used instead of maccaroni, but requires only twenty minutes' soaking.

Part of a *stale* loaf of bread,[1] boiled, and served with butter and salt, or with preserves, affords a change of wholesome food. Bread puddings made with eggs and milk, either boiled or baked, and sponge-cake (*stale*) puddings, made in the same way, diversify the diet.

There are many preparations of farinaceous foods. Some of them have acquired considerable reputation, and are really very excellent; some, on the other hand, are preparations of pulse, which are not adapted to weak digestion.

Arrow-root, Tapioca, Sago, Jellies, etc., are little more than vehicles for the administration of other things. In themselves they afford but little nourishment. Isinglass, however, possesses considerable nutritive qualities.

Toast is rarely made well. Bread burnt on both surfaces, with the inside spongy, is unwholesome food. It should be stale, of moderate thickness, slowly and thoroughly baked through, nicely browned on the outside—in short, not toasted too fast. Such toast is wholesome to eat or to soak in water.

[1] It is of great importance, especially when children are concerned, that bread should be pure. The following is a simple test for *alum*, the most common adulterant. If alum be present, a heated knife plunged into the loaf, and allowed to remain till cool, will render its peculiar styptic sourness perceptible on placing the knife in the mouth.

Farinaceous Foods.—Many years' experience in the use of Neave's Food justifies the recommendation of it as an excellent article of diet for infants, invalids, and persons of feeble digestion. Competent chemical analysts have found the preparation to contain every constituent necessary for the nourishment of the body; and this has been abundantly confirmed by what we have frequently observed as the result of its use. For infants it should be prepared according to the directions supplied with the food, taking care not to make it too thick; and, in the majority of cases, it is the best substitute for the mother's milk. It also makes a very agreeable and highly nutritive *gruel*.

One precaution is necessary. Neave's food should be obtained *fresh* and in *good* condition; if kept and exposed too long, it deteriorates. Under favourable circumstances it keeps good for from six to twelve months, and may generally be procured in excellent condition from the leading homœopathic chemists.

Ridge's, Hard's, and other farinaceous foods have their advantages, and are preferred by some patients. Those that are pure *starch*, as "corn-flours," so called, and all those which thicken in like manner, contain but a small proportion of nutriment, being less sustaining, and also more difficult of digestion, than ordinary stale bread. For young infants, and for children suffering from Diarrhœa, Indigestion, Constipation, Flatulence, Atrophy, or Aphthæ, they are very unsuitable. In all cases, foods which contain traces of bran, and also gluten, gum, sugar, cellulose, and saline matter—especially the phosphates—in proportion to the starch, are to be preferred.

Sugar-of-Milk.—A preparation of cows' milk and sugar-of-milk forms a still lighter food, and one which may be used when farinaceous food disagrees Cows' milk may be assimilated to human by dilution with water and the addition of

sugar-of-milk. Cows' milk contains more oil (*cream*) and caseine, or cheese-matter, but less sugar, than women's. When necessary to bring up a child by hand from birth, sugar-of-milk is most suitable to commence with.

*Formula.*—Dissolve one ounce of the sugar-of-milk in three-quarters of a pint of boiling water. Mix, as wanted, with an equal quantity of fresh cows' milk, and let the infant be fed with this from the feeding-bottle in the usual way. The bottle should be washed after feeding, and the teat kept in cold water until wanted again.

It is important to use only cows' milk of a good quality, and always to administer it at the same temperature as that of breast milk (see *The Diseases of Infants and Children*). After the fourth or sixth month, *Neave's Farinaceous Food* is generally more suitable.

Condensed Milk.—Residents in London and large towns, where it may be difficult to obtain good wholesome milk, may find it advantageous to use the consolidated milk, imported in sealed tins from Ireland and Switzerland. It is prepared by the evaporation of water and the addition of sugar, and when opened the milk is of the consistence of paste. It contains all the elements of pure milk and cream, with sugar in addition; so that it will require only careful dilution with warm water to adapt it to the weak digestion of infants. In some instances, however, the excess of sugar proves deleterious, causing acidity and other gastric derangements.

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## 24.—Demulcent Beverages.

Barley-Water.—Wash a tablespoonful of pearl-barley in cold water; then add to it two or three lumps of sugar, the rind of one lemon, and the juice of half a lemon; pour on the whole a quart of boiling water, and let it stand for

two or three hours; then strain it. Instead of lemon, currant-jelly, orange-juice, or sliced liquorice may be used to flavour. Barley-water is a valuable demulcent in colds, affections of the chest, Hectic fever, etc. It is also useful in *Strangury* and other diseases of the bladder and urinary organs.

Gum-Water.—Gum is a mild nutritive substance, less stimulating than most other forms of nourishment. On this account it is admirably adapted to inflammation of the mucous membranes generally, as in Catarrh, Bronchitis, etc. *Gum-water* is prepared by adding one ounce of gum-arabic, and half an ounce, or less, of white loaf-sugar, to one pint of hot water. Lemon peel may be added for flavour.

Linseed-Tea.—This is often a useful beverage for soothing irritation in Cough, Catarrh, Consumption, Pneumonia, Diarrhœa, Dysentery, Inflammation of the bowels, Leucorrhœa, difficult micturition, and other inflammatory diseases. It is prepared by adding one ounce of linseed, and half an ounce of sliced liquorice-root, to two pints of boiling water, and macerating in a covered vessel near the fire for two or three hours; it should then be strained through a piece of muslin, and one or two table-spoonfuls taken as often as necessary. Sliced lemon and sugar-candy will make it more palatable.

Rice-Water—is valuable in Diarrhœa. Boil the best rice in a good measure of water for ten minutes, strain off the water, and add more; and so on till the goodness is boiled out of the rice. The water is ready to drink when cold. Cream may be added if there be not high fever: a pinch of salt also, if desired.

Toast-Water—is rarely well made. A slice of stale bread (crust is better) should be slowly baked through (not burnt), then put in a jug with a quart of boiling water poured over it, and allowed to stand covered till cool. It may be flavoured with lemon peel.

*Barley-Water, Gum-Water, Rice-Water, Toast-Water,* and *Linseed-Tea* are more or less useful in similar conditions, one being substituted for the other for the sake of variety.

LEMONADE.—Cut a lemon into slices, and put it into a jug with several pieces of loaf-sugar. Add a pint of boiling water, cover, and let stand till cold. After straining, it is fit for use. Recommended to allay thirst, irritation of the throat, etc.

NITRIC LEMONADE.—Add twenty to thirty drops of *dilute nitric acid* to eight ounces of pure cold water, and flavour with honey or loaf-sugar; from a teaspoonful to a tablespoonful, according to age, two or three times daily. Useful to modify sickness in Hooping-cough, Asthma, Bronchitis, Consumption, loss of blood from the bowels, fœtor of the skin or urine, cold feet, night sweats, etc.

SWEETS.—It should be remembered by those who provide the diet of invalids, that they soon tire of *sweets*, and that they gladly take something *savoury*. A perpetual round of sweetened drinks, jellies, etc., soon palls the appetite.

FRUITS.—Ripe fruits in season are often palatable and refreshing to an invalid, and need rarely be withheld if well cooked, even in acute forms of stomach disorder. In all cases, whether cooked or not, the skins and seeds should not be eaten. Oranges, grapes, and strawberries stand first for delicacy and wholesomeness. Apples, pears, peaches, nectarines, etc., stewed, baked (not burnt), or boiled, may be served with sugar or syrup. Gooseberries, currants, and raspberries may be taken in moderation. Marmalade is generally acceptable. Plums are rarely suitable.

*Fruit syrups,* mixed with water, make an agreeable drink in hot weather, or during fever. The proportion should be one or two dessert-spoonfuls to a tumblerful of cold filtered water. Marmalade is generally acceptable.

## 25.—Ice.

Ice is a valuable therapeutic agent, and is now extensively used both internally and externally, chiefly to check hæmorrhage, to moderate inflammation, and to soothe the uneasy sensations of febrile and other disorders.

In *Inflammation of the Brain* or its membranes, and in the *severe headache* of the early stages of acute fevers, it is most useful. It is applied in small pieces, enclosed in a bladder or india-rubber bag, in the form of a cap fitted to the head.

To relieve the severe *pain* and *vomiting* in cases of *Ulcer* or *Cancer* of the stomach, a bag containing small fragments of ice should be laid on the epigastrium.

In *Inflammation of the Tonsils,* the *Sore-throat* of Scarlatina and other acute specific fevers, and in *Diphtheria,* the use of ice relieves pain and arrests inflammation. Ice also checks the secretions from the throat, and so obviates frequent painful efforts to detach the mucus from the crypts and follicles of the tonsils. For these purposes suitable pieces, frequently repeated, should be sucked.

In *hæmorrhages,* ice is extremely valuable. To arrest *bleeding* from the *mouth, throat,* or *nostrils,* ice should be applied directly to the bleeding vessels or to the surface, when it forms an efficient styptic. When hæmorrhage comes from the *stomach* or *lungs,* ice should be repeatedly *swallowed* in small pieces. Thus taken, it is most likely to come in contact with, and contract, the leaking blood-vessels.

To arrest *uterine hæmorrhage,* by promoting firm contraction of that organ, ice should be swallowed freely; at the same time, a piece of ice should be inserted high up the vagina, and, if necessary, a piece may also be introduced into the rectum.

To allay *local inflammation* or check hæmorrhages from the

surface, ice, broken into small pieces, should be enclosed in a bladder or thin india-rubber bag. When one-third filled, the air should be squeezed out of the bag, which should then be tied at its mouth, on an inserted cork, so large and long as to bear the tight pressure of the twine. The bag may then be made into almost any shape, and fitted to the irregularities of the body (*Ringer*). Other uses of ice, as a therapeutic agent, are suggested in the various sections of Part III.

Cautions.—Ice is contra-indicated in conditions such as the following:—*Old age*, especially in feeble patients; *Apoplexy* and *Coma*, in persons with a feeble pulse; *advanced* stages of disease; *extreme feebleness*. In such cases, the great sedative power of ice might overwhelm the patient, and stop the action of the enfeebled heart. It is also advisable to avoid too great a shock to the system in any case.

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## 26.—Warm and other Baths.[1]

Warm Bath.—The temperature of the water must be raised to 98° Fahr., or to what is agreeable to the back of the hand; then, if the patient be a child, he should be immersed up to his neck, and a cold wet towel or a large sponge applied to the head (for about three minutes only); the child being kept in the bath for five, ten, or twelve minutes, but removed before the stimulating effect has passed off; otherwise, reaction and depression may come on. If the sight of the water make the child afraid, a blanket should be spread over the bath, the child placed upon it and gently let down into the water, even with its dress on, if necessary to prevent fear.

[1] For the correct or safe administration of warm baths, a bath-thermometer is indispensable. The hand is a very imperfect guide. In the absence of a thermometer, the nurse should uncover her arm to the elbow and immerse it in the water, as the skin of the elbow is thin and sensitive to any excessive degree of heat.

The temperature should be *fully maintained* by additions of fresh hot water carefully poured down the side of the bath, till the patient comes out. The bath should be given in front of a good fire, and a warm blanket be in readiness to wrap the patient in directly he leaves the bath.

The warm bath (92° to 98° F.), and the hot bath (98° to 112° F.), are remedial agents of great value in many affections. They are chiefly used to equalise the temperature of the whole body, to soothe the nervous system, to control the action of the heart, to promote perspiration, to relax the muscular and cutaneous system, and, especially, to equalise the distribution of blood throughout the body. In the latter instance a disproportionate quantity of blood in the internal organs is recalled to the surface, and free circulation promoted.

The warm bath is often of signal benefit in the diseases of children—*Convulsions, Spasmodic Croup, Measles, Scarlatina*, etc.; also in *Scarlatinal Dropsy*, as well as in other dropsical affections. In the fevers of children, it calms the nervous excitement, and is often followed by refreshing sleep.

It also aids the cure in inflammation of the kidneys, bladder, and uterus; at the grand climacteric a general warm bath, for forty or fifty minutes, once a week, cures or prevents many of the ailments incident to the period, by promoting free action of the skin. In spasmodic stricture of the urethra; in the passage of renal and biliary calculi; in many spasmodic affections of the bowels—*Colic*, etc.; in *Prurigo, Tetanus, Diabetes, Bright's disease*, and in the *Melancholy of Insanity*, it is often of signal service.

The Vapour-Bath.—This has a similar action, and is applicable to most of the cases mentioned under the "warm bath," but is more particularly useful for adults in some forms of Rheumatism, and dry scaly diseases of the skin. The patient being seated, undressed, upon a cane-bottomed

chair, a jupon or crinoline should be placed over the shoulders, and tied round the neck. Blankets should then be secured outside this, completely covering it from top to bottom, so as to retain the steam, which may be obtained by placing a pail of boiling water under the chair. When steam ceases to be evolved, it may be again produced freely by gradually immersing in the water a red-hot brick or piece of iron, such as the heater from the tea-urn. During the bath one or two tumblers of cold water should be sipped. To prevent headache the forehead should be bathed with a sponge dipped in cold water, or a napkin wrung out of cold water may be laid on the head. If necessary, also, the feet should be put into a pan of moderately hot water, the heat of which should also be maintained by adding, after a few minutes, fresh hot water. After the patient has perspired for ten or fifteen minutes, he should be *quickly* washed with tepid water, dried, and at once retire to bed. Or he may sit in a *shallow bath* at a temperature from 60° to 80° Fahr., the extremities and trunk being well rubbed by an assistant, and water gently poured over the head for three or four minutes, after which the patient should be dried, and retire to bed.

Care should be taken that the surface of the steaming water is not too near the seat of the chair, as the patient would be scalded if the steam were directed immediately upon a limited portion of the body. Indeed, fatal results have occurred through carelessness on this point.

The Hot-air Bath.—In this bath a spirit-lamp or a saucer containing one or two ounces of spirits-of-wine or rectified spirits-of-naphtha, after being set on fire, is substituted for the hot water of the vapour-bath ; but the blankets are used in the same manner. It may also be followed by the tepid wash or shallow bath. As the spirit burns, heat is generated around the patient, and perspiration produced. If a saucer be used, and it be necessary to prolong the perspira-

tion, a larger quantity of spirit may be used, but none should have to be added after the spirit has been lit.

The Hot Foot-Bath.—Immediately before retiring to bed the patient should be undressed, but well covered with one or two blankets, which should also cover the foot-bath, so that the steam may have access to the body generally; the feet and part of the legs should then be put in hot water (98° F.), and the temperature afterwards increased by fresh additions of hot water, for ten, fifteen, or twenty minutes, according to the strength of the patient, and until free perspiration breaks out on the face. He should then be rapidly washed with tepid water, rubbed dry, got into bed, and well covered with clothes. Perspiration should be further encouraged by drinking cold water. On rising in the morning, if sufficiently recovered, he should take a cold plunge- or shower-bath, or quickly sponge over the whole surface of the body, after which he should be vigorously dried by a large cotton sheet. This local warm bath is used for a variety of purposes, and if adopted early, and carried out according to the foregoing directions, will promote general perspiration, and arrest or relieve *Catarrh*, *fever*, etc., in the incipient stage.

The *hot foot-bath*, or the *hot sitz-bath*, is also useful in sudden suppression of the menses during the flow, from exposure to cold or wet; it relieves the distressing sensations of the patient, and aids the return of the function. Headache, palpitation, the hysteric sensation of choking, piles, etc., are likewise removed or relieved by a local warm bath.

The Blanket Bath.—This is an easy method of inducing perspiration. A blanket is wrung out of hot water, and wrapped round the patient. He is then packed in three or four dry blankets, and allowed to repose for thirty minutes. The coverings may then be taken off, the surface of the body rubbed with warm towels, and the patient made comfortable in bed (*Tanner*).

Cold Sitz-Baths.—These are useful in some cases of *Amenorrhœa*. The patient should sit for five to fifteen minutes at bed-time in a hip-bath with water at 58° or 60°, the legs and feet kept quite warm, and the shoulders well covered. After the bath she should be rubbed till warm, and then retire to bed; with a foot-warmer, if chilly. In appropriate cases, the bath may be taken every night for a week or two.

The Wet-Pack.—A macintosh sheet, or thin oil-cloth, or stout blanket or quilt, should be spread on a mattress, and over it a thick linen sheet, *well wrung* out of *cold* water. In fevers, the colder the water is, the better; for delicate persons with feeble reaction, water at 68° may be used. The patient is to be extended on his back naked on the wet sheet, so that the upper edge covers the back of the neck, but the lower one is to project beyond the feet; holding up the arms, one side of the sheet is to be thrown over the body and tucked in; the arms are now placed by the sides, and the other part of the wet sheet is thrown over all, and tucked rather tightly in, turning in the projecting ends under the feet. The mackintosh or blanket is then to be brought over all the sheet, and well tucked in around the neck, at the sides, and over the feet, so as to completely exclude the air. A stout quilt or extra blanket is to be put over all. In a short time the patient will become warm: the sensation is most agreeable, especially in fevers. The patient may remain in the pack for thirty, forty-five, or sixty minutes, the duration being regulated by the effects produced. The patient should then be put into a shallow bath at 64°, well washed, dried, and put to bed. It may be repeated once, twice, or thrice a day, according to circumstances and the violence of the attack. Perspiration may be encouraged by giving sips of cold water. If the head become congested, or the face flushed, while in the pack, a cold compress should be applied over the forehead

for a few minutes. By attention to the above directions, almost any person can carry out the treatment. The pack promotes the removal of excess of heat by largely augmenting the exhalent action of the skin: at the same time a large amount of heat is removed by the evaporation of the water in the sheet. There is no danger of internal mischief arising, for the tendency of the pack is to divert the circulation from the central organs, and to maintain it in vigour on the extensive surface of the body. The wet-pack is invaluable in the *early* stages of all fevers; and in *Scarlatina*, *Measles*, *Smallpox*, etc., it assists in bringing out the eruption.

For suggestions on Bathing as a hygienic measure, see Part I., Sec. 11.

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## 27.—Glycerine.[1]

Glycerine, or glycerine of starch (see Formulæ, Part V.), is of great use as an external application, when the lips or hands are chapped, or when the skin is left rough and inelastic, as after Eczema and other skin complaints. It quickly gives suppleness to the tissues, and removes burning, tingling, or smarting. Glycerine should be mixed with an equal quantity of water, or, still better, of Eau-de-Cologne, as without such dilution smarting may be set up, or even inflammation of the tissues. The glycerine of starch may also be used in Xeroderma to make the skin soft and supple. A bath should also be taken each day, and the application made after the body is wiped thoroughly dry. Glycerine is a good application to the meatus of the ear, when the tissues are dry, or when the tympanum is ruptured. In the latter instance it covers the opening, and so, for a time, supplies the place of the lost membrane. In acute diseases, when the lips, tongue, and gums become dry and coated with dried

[1] Chiefly from Ringer's Therapeutics.

mucus, these parts should be washed quite clean, and kept moist by glycerine and water. This greatly improves the comfort and appearance of the patient.

In the last stage of chronic diseases, as Phthisis, the tongue and inside of the cheek become dry, red, and glazed, often with great thirst. These discomforts may be lessened or removed by washing the mouth with glycerine and water. If used alone, glycerine is liable to make the mouth clammy. If Thrush have attacked the mucous membrane in the above-mentioned disease, it may be removed by the employment of glycerine.

Glycerine and carbolic acid may be applied with advantage to fœtid sores, such as open Cancer, whether on the surface of the body or in the uterus. It removes the offensive smell of the discharge, and also improves the condition of the sore. Probably this preparation would be of use in Lister's admirable method of treating wounds.

Glycerine and borax form a good application to Pityriasis of the scalp.

Glycerine, or glycerine cream, is one of the best preventives of bed-sores. The part exposed to pressure should, if possible, be washed every morning and evening with tepid water, and carefully wiped quite dry with a soft towel, and then a little glycerine, or glycerine cream, rubbed gently over the part with the hand. If the part be at all sore or tender, the latter is best. Glycerine should be used before any redness or tenderness occurs, as it is preventive rather than curative.

Glycerine is sometimes administered internally, as a substitute for cod-liver oil; but as a therapeutic agent it is decidedly inferior.

## 28.—Wet Compresses.

A cold compress consists of two or three folds of soft linen wrung out of cold water, applied to the affected part, and covered by a piece of oil-silk, gutta-percha-foil, or india-rubber-cloth, which should project a little beyond the wet cloth on all sides, so as to prevent evaporation from the linen. In parts subject to considerable motion, as the throat and neck, the edges of the oil-silk should be folded in over the wet linen, so as to prevent its exposure to the air. For persons with feeble reaction, the compress may be held for a minute in front of a fire before applying it.

Compresses are generally best applied at night, as it is often impossible to keep them in *close apposition* while moving about. After removing them in the morning, the parts should be sponged with cold water to restore the tone of the skin.

Abdominal Compress.—This consists of two or three thicknesses of linen from about six to nine inches wide, and long enough to go round the whole body, or the linen may only cover the front part of the abdomen, or even only the seat of uneasiness; this should be wrung out of cold water, covered with oil-silk, and secured by a flannel or linen roller with strings, to keep it in nice apposition with the part which it covers. This may be worn several nights in succession, the parts being well sponged with cold water and rubbed with a coarse towel on removing it in the morning. The abdominal compress is very valuable in Typhoid fever; it tends to control Diarrhœa, checks the spread of ulceration, and so lessens the danger of perforation. In Constipation it is often a most useful adjunct to our medicines, and in Diarrhœa it relieves irritation and facilitates the cure.

Compress for the Throat.—A piece of linen or flannel should be wrung out of cold water, and wrapped in two or

three thicknesses round the throat; this should be covered with oil-silk, and, over all, two or three thicknesses of flannel to maintain the warmth. When this is applied, the patient should retire to bed, and he will generally have the satisfaction of finding his throat-difficulty much relieved by the morning.

Chest Compresses.—In Bronchitis and other inflammatory affections of the lungs or pleura, the use of wet compresses, after or before poultices, greatly aids the action of the medicines. Compresses adapted for the chest and other parts may be obtained from most homœopathic chemists.

Sores, Ulcers, and Tumours are often benefited by compresses; in local forms of Rheumatism, as Lumbago; some inflammatory affections of the knees, ankles, and other joints; and in Sprains and other injuries they hasten the cure.

The appearance of a rash or eruption of pimples after the continued use of the compress is regarded as favourable. If the rash be very troublesome, the compress may be discontinued, and glycerine and Eau-de-Cologne, in equal parts, smeared over the eruption.

Spinal Hot-water and Ice Bags.—In many female derangements, Chapman's spinal bags are of great utility when judiciously used. The ice-bag requires greater caution than the hot-water bag, especially during pregnancy.

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## 29.—Poultices.[1]

Poultices or cataplasms are recommended on account of the warmth and moisture they convey, and are applied to the skin when it, or an underlying structure, is inflamed. They mitigate pain by relaxing tension and promoting perspiration. Poultices may be made as follows:—

[1] For this and the following section the author is mainly indebted to Ringer's Therapeutics.

Linseed-meal Poultices.—Boiling water should be poured into a heated bowl, and into this the meal quickly sprinkled with one hand, while the mixture is constantly stirred with a knife or spatula with the other, till a thin smooth dough is formed. If the water be added to the meal, little knots are apt to collect. The dough should be quickly spread on warmed linen already cut to the required shape, or put into a bag, and applied. Linseed-meal retains heat and moisture for a long time, but is liable to irritate delicate or inflamed skin.

Bread Poultices.—Put slices of bread into a basin, pour over them boiling water, and place by the fire for a few minutes, when the water should be poured off, replaced by fresh boiling water, and this again poured off, and the bread pressed, beaten with a fork, and made into a poultice. Bread poultices are valuable for their bland, non-irritating properties.

Charcoal Poultices.—Uniformly mix charcoal with bread poultice, and just before the application of the poultice sprinkle the surface with a layer of charcoal. Or charcoal may be sprinkled on a wound or ulcer, and a simple bread poultice applied over it. Charcoal poultices correct offensive smells from foul sores, and favour a healthier action.

Carrot Poultices.—Boil carrots quite soft, mash them with a fork, and apply in the ordinary way. They are said to make wounds cleaner and healthier.

Poultices are chiefly useful in the following complaints:—Pneumonia, Pleurisy, Bronchitis, Pericarditis, Peritonitis, Acute Rheumatism, Lumbago, and to mature and facilitate the discharge of matter in Abscesses, Boils, etc.

When used to mature Abscesses or disperse inflammation, poultices should extend beyond the limits of the inflamed tissue; but after the discharge, the poultices should be very little larger than the opening through which the matter is

escaping. If continued too long, large poultices sodden and irritate the parts, and may develop fresh boils around old ones.

In Pneumonia and all deep-seated inflammations, they should be renewed as soon as they become cool, and the former one not disturbed till the fresh one is ready to replace it. In Bronchitis and Pneumonia, a *jacket poultice*, to go round the chest, with tapes to secure it in front and over each shoulder, is necessary to ensure efficient and uniform action.

To retain heat for a long time, poultices should be covered with oil-silk, or with a layer of cotton wool. One of these methods is preferable to a very thick poultice, which might cause inconvenience or pain.

In acute Lumbago, they must be applied thick, hot, large enough to cover the affected part, and be renewed immediately they become cool. After continuing this treatment for from one to three hours, the skin should be wiped dry and covered with flannel, and this again with oil-silk. Like the poultice, this last application promotes free secretion from the skin, to which the good results are mainly due.

As a substitute for a poultice, *Spongio-piline* may sometimes be used. It is made of sponge and wool felted together in three layers, and coated on one of its surfaces with an impermeable substance. By moistening the soft inner surface with water, the warmth and moisture of the ordinary cataplasm are secured; or by sprinkling the same surface with lotions, it may be made the vehicle for various medicinal substances. *Spongio-piline* is often valuable during the formation of Abscesses or irritable sores, and especially when required for persons pursuing their usual occupations. But for the relief of severe pain, a large hot poultice is more soothing. Poultices should be continued till pain has subsided, or the sore begun to granulate; afterwards a wet compress, covered with oil-silk, should be applied.

Dry Dressings.—If the edges of wounds be brought and kept together, all foreign particles having been removed, they may often be allowed to heal without any assistance beyond the additional support and protection of rollers of lint. Blood, if already covering the part, is the best and most protective plaster. Layers of cotton wool and lint exclude air, moisture, and infecting germs, and promote healthy action. Dry earth or clay, finely powdered and sifted, is recommended by Dr. Groves for putrid wounds or cancerous sores.[1]

## 30.—Fomentations.

*Fomentations*, by means of flannel wrung out of hot or boiling water, are employed for purposes similar to poultices, but are lighter and less likely to increase the pain of sensitive parts. The hot flannel is placed in stout towelling, and twisted round till as much water as possible is squeezed out. If well wrung, it may be applied very hot without any danger of scalding the skin.

*Fomentations with hot water* are useful in *relieving pain, arresting inflammation*, and checking the formation of matter, and are often valuable adjuncts to poultices. *Acne indurata* and similar *inflamed pimples* can often be dispersed or reduced in size by them. Conjoined with poultices, they expedite the passage of matter to the surface, and favour its subsequent expulsion. In such cases the value of fomentations and poultices depends upon the heat and moisture; water for the fomentations should therefore be used *hot*, and fresh supplies of hot water added as it becomes cool. After well fomenting, poultices should be applied as hot as possible, and frequently renewed.

In Inflammations, Spasms, and pains affecting deeply-

[1] See *H. World*, v. ix. p. 67.

seated structures, as in the chest or abdomen, great and quick relief often follows hot fomentation.

Dry Fomentations.—When heat alone is required, and it is desirable to avoid the relaxation of tissues which moisture would occasion, *dry* heated substances—flannel, bran, camomile flowers, salt, sand, etc.—are used. After thoroughly heating the substance, it should be placed in a bag made for the purpose, and which has also been previously heated. Sometimes, as in Spasm and its accompanying pain, a thin piece of flat tile, heated in an oven, and wrapped in warm flannel, may be employed. For mere evanescent heat, flannel, strongly heated before the fire, may suffice.

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## 31.—Enemata—*Injections.*[1]

An enema is a liquid injected into the large intestines, through the rectum, by means of a suitable instrument. Injections are used for various purposes, and consist of different substances, chiefly as follows :—

1.—*To relieve the bowels.*—Injections act, not simply by washing away the accumulated fæces, but by distending the rectum and promoting peristaltic action more or less through the whole intestinal canal. For this purpose a large quantity —one or two pints, or even more—should be slowly injected. After the introduction of the fluid, the patient should lie down and retain the injection for ten or fifteen minutes. So large a quantity of fluid could scarcely be introduced or retained, except by patients who have previously used injections. As a general rule, the best fluid for injection is *tepid water.* Warm injections relieve pain or irritation, either in the bowel or in an adjacent organ—the bladder, the uterus, or even the kidneys.

[1] See *H. World*, v. ix. p. 3.

2.—*To restrain Diarrhœa.*—For this purpose small injections only are necessary—one to two ounces; if copious enemata are used, the intestines are stimulated to contract and expel their contents. Starch water (tepid) is an excellent material for such a purpose; it should be made of the consistence of cream, and about two ounces used. In incurable cases, and when the Diarrhœa resists other means, a few drops of opium should be added to the starch. Starch injections are especially useful in acute, excessive, and dangerous Diarrhœa of Enteric fever, Dysentery, Phthisis, and the Choleraic Diarrhœa of children.

3.—*To remove thread-worms.*—For this purpose, half a pint to a pint of water, to which a dessert-spoonful of salt has been added, answers the purpose admirably (see Section on Worms). In order that the water may be thrown as high up into the bowel as possible, a vaginal gum-elastic tube may be attached to the enema-syringe, and, after being well greased, gently pushed right up the bowel. Here, however, as in other cases, general treatment is necessary to correct the constitutional condition on which the disease depends.

4.—*To convey nourishment.*—Injections are sometimes used to sustain the system, by introducing food up the rectum when it cannot be taken by the stomach, as in acute Gastritis, obstinate vomiting, Cancer, etc. Beef-tea, soup, milk, the brandy-and-egg mixture, etc., may be administered in this way. It is necessary that the rectum should be empty before injecting nourishment. Medicinal substances are also sometimes administered by means of enemata.

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## 32.—Inhalation.

In its therapeutic sense, inhalation is the act of drawing air, impregnated with the watery vapour of medicinal substances,

into the air-passages. It is an extremely useful mode of administering various remedies when their action is chiefly required on the mucous surfaces of the respiratory passages. *Iodine, Sulphurous Acid, Phosphorus, Kreasote, Borax, Permanganate of Potash, Aconite, Hyoscyamus, Belladonna, Ipecacuanha, Carbolic Acid,* etc., may be well given by inhalation in certain diseases chiefly involving the throat and large bronchial tubes, or in irritative or convulsive cough, or when there is fœtid expectoration. Quinsy, catarrhal and ulcerated Sore-throat, chronic Bronchitis, Phthisis, etc., may be more or less benefited by inhalation. The method of inhaling is very simple, and is often done quite effectively, and with less effort, without a special inhaler. All that is required is a jug of *hot* water, over which the face may be held, and a towel so arranged that it covers the face below the eyes, and surrounds the top of the jug, so as to confine the vapour. A few drops of the drug to be inhaled being dropped into the hot water, the medicine finds ready access to the air-passages through both the mouth and the nose. This may be practised for five or ten minutes at bed-time, and if necessary, and the patient has not to be exposed to cold air during the day, it may be repeated once, twice, or oftener in the day. In acute inflammatory diseases of the throat, simple or medicated vapour may be administered as frequently as the patient's strength and other circumstances permit. A portion of the drug thus administered reaches the lungs and enters the general circulation; but the chief action of the medicated vapour is on the throat and bronchial mucous surface.

In some cases of inhalation a new, clean, common clay smoking pipe may be employed. The bowl should be filled with sponge, or loose cotton, and a teaspoonful of the spirit to be inhaled poured in. The pipe is not to be lighted, but, by deep inspirations, the particles of spirit may be drawn through the tube into the air vessels of the lungs.

In grave prostrating diseases—Diphtheria, Croup, etc.—vapour may be inhaled by diffusing it through the apartment by the steam from a kettle with a long spout kept constantly boiling, or by forming a tent over the bed and covering it with blankets, and then bringing a pipe to convey the steam under it. In urgent cases, where suffocation is threatened, the room may be quickly filled with vapour by hanging wet towels before a large fire. In ordinary cases, simply keeping water boiling in the centre of the room will moisten the atmosphere sufficiently.

Besides the administration of various remedies to the respiratory passages, the local application of the *steam of hot water* is very serviceable; it soothes the inflamed mucous membrane, aids expectoration from the lungs, and removes mucus from the crypts and follicles of the tonsils.

Inhalation can, however, be only a subordinate method of treatment in constitutional diseases, such as Consumption, and is chiefly palliative rather than curative. A well-chosen homœopathic remedy, administered in the usual way, just as certainly reaches the seat of the disease as anything inhaled can do, and at the same time tends to correct the constitutional error on which the local symptoms depend.

When a patient has to be exposed to cold air after inhalation, the vapour should be *cold*, and formed and distributed by the *Spray-producer*. This is an important precaution. In many cases in which it is desirable to use topical applications directly to a diseased part, this is the best method; the fluid may be injected or thrown as a fine spray, so as to be inhaled by the patient, by means of the spray-producer, By breaking up the fluid into a very small spray, substances can be inhaled without inconvenience, and brought into direct contact with the bronchial tubes, even as far as their small ramifications.

## 33.—Some Directions on Nursing.

The services of an intelligent, experienced nurse form a part of the treatment of the sick quite as essential as the administration of medicine. To aid her to some extent in the performance of this duty, the following *general* hints are offered. Particular instructions, suited to various diseased conditions, are given, when needful, throughout Part III., under "Accessory Treatment." Persons having the charge of patients should always refer to this portion of the Section, in which the case of illness is described, and also be familiar with the various directions contained in this Part II. Special directions concerning infectious fevers are given in the Section on Enteric fever. In serious and difficult cases, the medical attendant alone can furnish instructions adapted to the peculiarity of each case; and it is the nurse's duty faithfully to carry out his directions, and to report to him at each visit the effects of the treatment.

1st.—*The Sick-room.*—The following points should be kept in view: (1) The apartment should be *airy*. A spacious, well-ventilated room, allowing an uninterrupted admission of fresh air, and the free escape of tainted, is a valuable element in the management of the sick. Fresh air can only be ensured by an open window or door, or both. It is generally desirable to have a blazing fire kept burning night and day, both in summer and winter, as this assists ventilation; but the patient's head should be protected from it. During infectious diseases, besides diluting the poison with an abundance of atmospheric air, dilute *Carbolic Acid*, specially prepared for use in the rick-room, may be used as an efficient and agreeable disinfectant.[1] To the same end, the room should

[1] A solution should be frequently sprinkled about the floors, bed-clothes, handkerchief, etc., and be diffused through the room by a spray-producer: it acts quickly as an efficient disinfectant. It may also be used for personal

be divested of all superfluous furniture—carpets, bed-hangings, etc. (2) The room should be provided with a *second bed* or convenient couch, to which the patient should, if possible, be removed for a short time at least once in the twenty-four hours. This ensures a change of atmosphere around the patient's body, and at the same time allows the bed to be aired. (3) The apartment should be *darkened;* not by excluding all light and air, by closed shutters, or closely-drawn bed-curtains, but by letting down the window-blinds, and securing a *subdued* light, and by protecting the patient's face from the glare of gas, lamps, etc. (4) The sick-room should be *quiet.* Silk dresses and creaky boots, the crackling noise made by handling a newspaper, etc., often distress invalids; the tones of the voice should be gentle and subdued, but whispering avoided; all unnecessary conversation and noise must be forbidden. (5) The *temperature* of the room should be ascertained by a *thermometer,* as the sensations of the nurse cannot be depended upon as a sufficient guide; a thermometer, suspended out of a current of air and the direct heat of the fire, will correctly indicate the temperature of the room. The temperature may be varied according to the nature of the disease from which the patient suffers. In fevers, Inflammation of the Brain, etc., about 55° will be the proper warmth. In Inflammation of the Lungs and Bronchitis, a higher temperature is necessary—60° and upwards. In all inflammatory affections of the chest, the air should be warm, and also moist (see "Inhalation"), so as not to irritate the inflamed lining of the air-tubes. Cold air and too many

disinfection—a point often but indifferently carried out—by adding it to the water in which the patient is washed, and is a valuable substitute for aromatic vinegar. It also makes an excellent gargle for fever patients to sweeten the breath. It is also useful to *visitors of the sick,* to prevent the risk from infectious diseases; for this purpose, a few drops should be sprinkled on the handkerchief before entering the sick-room. *Mason's Perfumed Carbolic Acid* is much more agreeable in use than ordinary preparations of the pure acid.

bed-clothes are sure to increase the mischief. Under all circumstances, it must be remembered that the temperature considered necessary is on no account to be maintained by excluding fresh air from the room, and making the patient breathe over and over again the air which has already been made impure. (6) Patients suffering from infectious diseases should be separated, if possible, and occupy a room on an upper story, to prevent the spread of the infection to others; for infectious exhalations, being lighter than air, ascend. Mothers who frequently go in and out the room might keep a loose cotton gown hanging behind the door, ready to put on over their other dress whenever they enter it before waiting on the infected patient, and to be taken off again when leaving the room.

2nd.— *Cleanliness.*— Fears are often expressed that in washing the surface of a patient's body, or even in changing his linen, any eruption or rash should be driven in, or that cold should be taken. If done properly, there is not the least ground for any such fear. The patient should be sponged over as completely as possible at least once a day with warm or cold water, as may be most agreeable to his feelings, and then quickly but carefully dried with a soft towel. If the patient be much exhausted, a small part of the skin may be washed at one time; or, instead, first a damp and then a dry towel may be used under the bed-clothes, so as to disturb the patient as little as possible. See the Section on Enteric fever.

3rd.—*Beverages.*—In most cases of illness, especially at the commencement, cold water, barley-water, gum-water, raspberry-vinegar-and-water, apple-water, toast-and-water, lemonade, or soda-water (see "Demulcent Beverages," pp. 92-4), are nearly all that are necessary. There is sometimes a foolish objection raised to allowing cold water to a patient; but it is not only most refreshing, but an agent of supreme

importance, lowering excessive heat, giving vigour to the relaxed capillaries, and accelerating favourable changes. The quantity of cold water given at a time should be small—one to two table-spoonfuls—and repeated as often as desired. Sucking ice is useful and grateful.

4th.—*Food not to be kept in the sick-room.*—Miss Nightingale's suggestion on this point is worth repetition here. It is this—do not keep the food, drink, or delicacies intended for the patient in the sick-room or within his sight. The air and temperature of the apartment are liable to hasten putrefactive decomposition, especially in hot weather, and the continuous sight of them to cause disgust. Rather take up for him, at the fitting time, and by way of surprise, two or three teaspoonfuls of jelly, or as many fresh grapes as he may consume at once, or the segment of an orange. Or, if it be appropriate to his condition, a small cup of beef-tea, covered with one or two narrow slips of toasted bread, just from the fire; this is very much preferable to offering even a less quantity from a basinful that has been kept for many hours within reach of the patient's hand and eye.

*Watching patients, moderation in convalescence, change of air on recovery from illness,* etc., are elsewhere enforced, and may be found in the Section on Enteric fever.

# PART III.

## Medical and Surgical Diseases, and their Homœopathic and General Treatment.

### CHAPTER I.

#### General Diseases:—A. Blood Diseases.

The General Diseases are divided, in the Nomenclature of the Royal College of Physicians, London, into two sections, A and B.

Section A comprehends those disorders which appear to involve a morbid condition of the blood, hence called *Blood diseases;* and which, for the *most part*, run a definite course, are attended with fever and eruptions on the skin, are more or less readily communicable from person to person, and possess the singular and important property of generally protecting persons from a second attack. They are apt to occur epidemically. Of these epidemic visitations Dr. Farr observes, that they distinguish one country from another, one year from another, have formed epochs in chronology, have decimated armies and disabled fleets, have influenced the fate of cities, nay, of empires.

Section B comprises, for the most part, disorders which are apt to invade different parts of the same body, simultaneously or in succession. These are sometimes spoken of as *Constitutional diseases*, and they often manifest a tendency to transmission by inheritance.

Eruptive Fevers.

The Exanthemata, or eruptive fevers, may be regarded as continued fevers having an eruption

superadded. The have the following common characters: they arise from a specific contagious poison, between the reception of which and the occurrence of the characteristic symptoms a period of incubation occurs, variable in different diseases, but more or less constant in the same disease, during which it is probable blood-changes are gradually taking place; they run a definite course; are accompanied by a specific inflammation of the skin, called the eruption, which passes through a regular series of changes; affect some part of the mucous membrane as well as the skin; and, as a general rule, only attack an individual once.

The true *Exanthemata*, including all these characteristics, are,—the *Small-pox*, *Measles*, and *Scarlet fever*; but there are other less perfect forms, as *Chicken-pox*, *Nettle-rash*, *Rose-rash*, etc. The true Exanthemata are termed by the Registrar-General *Zymotic diseases*, a term implying their origin in a poison which acts like a *ferment* in the blood; but in the nomenclature just referred to they are classed as *blood diseases*, and are regarded by sanitary reformers as preventible. In all of them a latent period intervenes between the reception of the poison and the accession of the fever, during which time the patient is, to all appearance, in good health.

The following table shows the latent period, or period of incubation, and the accession and disappearance of the eruption in the three chief eruptive fevers.

| Diseases. | Period of Incubation. | Eruption Appears. | Eruption Fades. |
|---|---|---|---|
| Small-pox ... | 12 days. | On 3rd day of fever. | Scabs form on 9th or 10th day of fever, and fall off about the 14th. |
| Measles ..... | 10 to 14 days. | On 4th day of fever. | On 7th day of fever. |
| Scarlet fever | 4 to 6 days. | On 2nd day of fever. | On 5th day of fever. |

## 34.—Small-pox (*Variola*).[1]

Definition.—Small-pox is a continued infectious fever, accompanied by a loathsome pustular eruption, which generally leaves behind permanent cicatrices. It seldom recurs.

Not long ago an epidemic of Small-pox, extensively fatal, prevailed throughout Great Britain and Ireland. Its severity attracted much notice in the latter part of 1870, during the last quarter of which 584 deaths from this disease were registered in London. The loathsome plague rapidly increased in 1871, so that by the middle of the year 10,000 lives were lost by it in England and Wales. In London alone, 288 persons were sacrificed by it in the week ending May 6th. Throughout 1872, it prevailed largely in many parts of England, including London, and also in Ireland. Small-pox, however, is less common in this country, and far less disastrous and fatal, than formerly.

Varieties.—It presents two varieties: *Variola Discreta*, and *Variola Confluens*. (1) In *V. discreta*, the pustules are comparatively few, remain distinct from each other, and may be easily counted. It is the simplest form of the disease, and, except during the first dentition, is rarely fatal. (2) In *V. confluens*, the pustules are numerous, their outline irregular, or they run into each other, forming large continuous suppurating surfaces. It is attended with the greatest danger to life; for the severity of the disease bears a direct proportion to the amount of the eruption, and the danger arises chiefly from the large quantity of pustulation. If the pustules are confluent *on the face*, whether they are so or not on other parts, we class it with the confluent kind. "The danger is always rendered greater, *cæteris paribus*, when the eruption is very full about the head, face, and neck" (*Marson*). There

[1] See *H. World*, v. iii. 86, 228; v. v. 151; v. vi. 82; v. vii. 176.

is also a variety in which the pustules partially coalesce, termed *Variola Semi-confluens.*

Course.—Small-pox runs through four stages:—The latent or *incubative period* lasts about twelve days from the reception of the poison; the *primary* or initiatory *fever* continues about forty-eight hours; the stage of *maturation* about nine days; and the *secondary fever* and decline of the eruption vary in length according to the severity of the disease.

Symptoms.—As in most other fevers, the following symptoms appear in the first stage:—Chilliness, heat, headache, sometimes delirium; a *thickly-furred white tongue;* a deep flush upon the face; a hard, frequent pulse; a feeling of *bruised-pain* all over the body, but especially in the *back and loins;* more or less pain or *tenderness* at the *pit of the stomach,* and *vomiting.* The pain in the loins and the vomiting are the most characteristic of the premonitory symptoms, and are seldom absent. When these are excessive and continuous, they are the precursors of a severe form of the disease. On the third or fourth day, the *eruption,* often so minute as to escape observation, appears in the form of red spots, or small hard pimples, which feel *like shot in the skin.* It appears first on the face, neck, and wrists, then on the body, and finally on the lower extremities. If examined, the eruption may be seen upon the palate, and is often formed on the lining membrane of the larynx, trachea, and bronchi, giving rise to sore-throat, salivation, cough, painful expectoration, and hoarseness. The pimples gradually increase in size until about the eighth day from the commencement of the fever; the contents, at first watery and transparent, change to yellowish matter as the pimples become ripened into pustules (*pustulation*). The pustules are *depressed in the centre,* and surrounded for a short distance by a rose-red areola. During the time the pustules are filling up, there is swelling of the eyelids and face, sometimes to such a degree as to

obliterate the features. A peculiar, disagreeable odour now begins to emanate from the patient, which is so characteristic, that the disease at this stage might be known by this alone. On the first appearance of the eruption, the fever subsides; but in the confluent form, when it is at its height, a fresh attack sets in, which, to distinguish it from the precursory fever, is called the *secondary* fever.

In about eight days from the first appearance of the eruption, the pustules break, and discharge their contents; scales then form, which dry up, and, in a healthy state of constitution, fall off, in the course of four or five days. When this takes place, purplish-red stains are left behind, which very slowly fade away; or indelible, depressed scars remain, which are called *pits*. In the latter case, the person so marked is said to be "pitted with the small-pox."

In *Variola confluens*, the secondary fever is often very intense, and is the most dangerous period of the disease. Severe and even fatal results may arise from exhaustive suppuration, erysipelatous inflammation, suffocative breathing, and a putrescent state of the blood.

Diagnosis.—An early recognition of this disease, both on account of the patient himself, and for the protection of others, is of great importance. *Severe pain*, evidently not muscular, *in the small of the back*, is often a characteristic symptom. As distinguished from *Measles*, the eruption is more perceptible to the touch, and gives the sensation of shot under the skin. Neither is the eruption of Small-pox distributed in crescentic patches as is that of Measles. The difference between the premonitory symptoms of the two diseases would also assist in forming a differential diagnosis. As distinguished from *Enteric fever*, its attack is abrupt and severe, rather than insidious and uncertain. As distinguished from *Chicken-pox*, its eruption suppurates, and the fever is high; while in Chicken-pox the eruption is vesicular, does not suppurate, and the fever is mild.

Dangers.—The greatest danger arises from the *secondary fever* in the confluent form of the disease, at about the ninth to the twelfth day, when the pustules are ripening; for then the fever is likely to return, and the vital strength has already been much exhausted. Fatal chest symptoms may arise, or there may be ulceration or opacity of the cornea, and loss of sight. An inflamed condition of the skin between the pustules, instead of the rose-red areola, is a bad sign. Hæmorrhages are of grave import. Infancy and advanced age are unfavourable periods; beyond sixty years of age, Mr. Marson states, hardly any who take it escape death. Violent and uncontrollable delirium is often an attendant on the confluent variety, and if it occurs early, in persons who have lived freely or irregularly, is an unfavourable symptom. "Draymen, barmen, potmen, tailors, and prostitutes are very unfavourable subjects to be attacked with Small-pox, owing to their habits of indulging freely, and almost daily, in strong drinks" (*Marson*). A too plethoric habit, sleeplessness, and irritability, are also unfavourable. On the other hand, a quiet, contented, hopeful state of mind favours recovery. Small, dark, and badly-ventilated dwellings, poor or scanty food, insufficient clothing, want of cleanliness, intoxicating beverages, and other similar influences are also elements which determine the more severe form of this malady. It is worthy of remark, as Dr. Letheby states in one of his quarterly reports on the sanitary condition of London, respecting an outbreak of Small-pox and the increase of Scarlatina, that "these sudden outbursts of Zymotic disease show that the force of these maladies is not exhausted by sanitary measures, but only kept in check; and that, when occasion serves by neglect of proper precautions, the force manifests itself in all its original vigour."

Cause.—Contagion. It is supposed never to occur except from contagion; for large portions of the world have re-

mained for centuries entirely free from it, until it was imported; and then it spread so rapidly, and often so fatally, as almost to depopulate whole countries. "There are some grounds for believing, however, that Small-pox, in common with some other diseases, originated in the lower animals, and extended from them to the human species by infection or contagion" (*Aitken*). "There is no contagion so strong and sure as that of Small-pox; none that operates at so great a distance, both of time and place" (*Watson*). The period during which the poison is most powerful is, probably, when it is most perceived by the sense of smell.

Epitome of Treatment[1]:—

1. *Primary fever.*—Acon., Bell., Ver.-Vir.

2. *Eruptive stage.*—Ant.-Tart., Thuja $\phi$, Sarracenia,[2] Sulph.

3. *Suppurative stage.*—Ant.-Tart., Merc., Apis, Lach.

4. *Retrocession of the eruption.*—Camph., Sulph.

5. *Confluent and malignant cases.*—Sulph., Ars., Phos.

6. *Complications.*—Phos., Ant.-Tart. (*Pneumonia*). Acon. Bry. (*Congestion of the Lungs*). Bry., K.-Bich., Ant.-Tart. (*Bronchitis*). Rhus (*severe pain in the back*). Merc. (*Glandular Swellings*). Apis, Bell. (*Dropsical Swellings, Closed Eyes, Swollen Throat*). Bell., Hyos., Stram., Ver.-Vir. (*Delirium*). Ars., Bapt. (*sudden prostration and threatened Syncope*).

7. *To prevent pitting.*—Sarracenia. Pricking the pustules on the face with a needle, after dipping it in Carbolic acid.

8. *Desquamation.*—Sulph., with cleanliness and frequent tepid sponging.

9. *Sequelæ.*—Sulph., Merc.-Cor. (*Ophthalmia*). Hep.-S., Phos., Sulph. (*Boils*). See also under "*Complications,*" above.

10. *Prophylactics.*—Vaccination, Sulph., Vaccinine, Ant.-Tart., Thuja.

[1] See *H. World*, v. iii. pp. 86, 223; v. iv. p. 217. [2] Vol. ix. pp. 199, 247.

Leading Indications:—

*Aconitum.*—Shivering, heat, dryness of the skin, rapid pulse, swimming and pain in the head, nausea and vomiting, and pain in the back and loins; it may be used at any time during the course of the disease, when febrile symptoms are prominent. If there be much sickness with the fever, and a very rapid pulse, *Veratrum Viride* may be substituted for *Acon.*

*Antimonium Tart.*—Is specific for Small-pox, and should be administered as soon as the nature of the disease is ascertained; it is specially valuable during the eruptive stage; and also in the primary fever, if nausea and vomiting, or convulsions, should occur. Indeed, during nearly the whole course of the disease, it may be given alone, or in alternation with any other remedy that is indicated. In favourable cases, if *Acon.* be given for the primary fever, and *Sulph.* during desquamation, to prevent after-effects, *Ant.-Tart.* is the only remedy required.

*Belladonna.*—Severe *head symptoms,* delirium, intolerance of light, etc.; a few doses will usually afford relief.

*Mercurius.*—*Salivation, Ulcerated Throat,* fœtid breath, or bloody Diarrhœa, especially during suppuration.

*Apis.*—Excessive swelling of the face, eyelids, etc.

*Coffea.*—Two or three doses, if there be restlessness and sleeplessness.

*Camphor.*—If the eruption *suddenly* disappear, or *suddenly* become malignant, with Dyspnœa, coldness of the skin, and symptoms of Paralysis of the Brain; two or three drops in a little tepid water, every ten or fifteen minutes, for several times, till the skin becomes warm, and the eruption re-appears.

*Opium.*—Drowsiness or stupor and stertorous breathing.

*Lachesis.*—During the recent epidemic, this medicine was found invaluable in those cases in which a typhoid condition

ensued during the stage of maturation (probably due to absorption of pus).

*Sulphur.*—When the disease pursues an irregular course; when the eruption exhibits a tendency to disappear from the surface; when the pustules, instead of being transparent or yellow, are green, purple, or black; when the blood with which they are filled announces a decomposition of this fluid, it is not to *Arsenicum* that we should have recourse, but to *Sulphur* (*Teste*). During the formation of the pustules, and when there is furious itching, and when the disease is on the decline, it should be given as a preventive to the usual sequelæ, and continued till recovery is complete. *Carbo Veg.*, *Ac.-Nit.*, or *Ars.*, under similar conditions, or when *Sulph.* only partially succeeds. *Vaccinine*, internally, is said to destroy the odour and effluvia of Small-pox.

Preventives.—*Sulph.*, *Cimic.*, *Vaccinine*, *Sarracenia Purpurea*, and some other remedies, are said to have curative or prophylactic virtues in this disease, but we have not had sufficient experience to recommend them.[1] The administration of the *Tincture of Sulphur* will, however, as our experience proves, act as a *preventive*. Jenner is reported to have failed in vaccinating thirty soldiers when they were receiving *Sulphur* treatment; subsequently all the men took the genuine Cow-pox. Fresh air and free ventilation are invaluable prophylactics.

Accessory Means.—The patient should be kept cool and the sheets and linen frequently changed, ample provision being made both for the *uninterrupted admission of fresh air*, and the *free escape of tainted air*. The bad ventilation of a small room, too high a temperature, and hot cordials, interrupt the tendency to recovery. In cold weather a fire should be kept burning in the apartment, and the patient have an extra blanket, but the windows kept open. If the weather

[1] See *H. World*, v. viii. p. 22.

is mild, the patient is better treated entirely in the open-air. "Nothing is of so much importance as pure air, and that in unlimited quantities. In this hospital we have kept our windows open constantly by night and by day throughout the months of February, March, April, etc.; and this has been attended with the very best results, for our mortality is the lowest of all the Small-pox hospitals in London, and we were receiving our patients from the same sources, and some time before this epidemic reached its height."[1] During the entire course of the disease, especially when the skin becomes hot, painful, or irritable, the whole surface may be sponged with warm water, to which a spoonful of *Perfumed Carbolic Acid* has been added, and well dried with a soft towel. This generally affords great relief. The use of *Perfumed Carbolic Acid* in the above manner, and the infusion of its vapour in the air of the apartment, tends to mitigate Small-pox, and to deprive it of its *contagious* character. In the early stage of the disease, great advantage may also be derived from the *wet-pack* (see Sec. 26), followed by a *sponge-bath*. Frequently changing the posture of the patient in bed, so as to avoid constant pressure on the back or nates, prevents *bed-sores*. After the pustules burst, powdered starch or flour should be freely applied to absorb the matter. Cleanliness, frequent tepid washings, and an occasional warm bath, are especially necessary during the last stage of the disease.

To *prevent pitting*, the pustules should be frequently smeared over with olive-oil, cold-cream, or a mixture of one-third of glycerine with two-thirds of water. A still better mixture is one of *cream and flour*, in such proportions as will make a thick paste. This should be freely painted over the face and neck, and renewed when necessary. By this means the action of light on the pustules (which, so to speak, photographs

[1] Dr. A. Collie, Resident Medical Officer of the Homerton Fever Hospital, 1871.

them on the skin) may be prevented, as well as the consequent pitting; at the same time we allay the irritation which accompanies the state of maturation. The hands of children should be muffled and lightly secured, to prevent scratching, which might lead to ulceration. Adults may wear loose gloves. This precaution is especially necessary while the patient is asleep, and acts unconsciously.

Diet.—Tea and dry toast, raw eggs beaten up with cold milk, beaf-tea, etc.; grapes, roasted apples, and wholesome ripe fruit in season. For drink, cold water is generally preferred, and any objection to it by nurses or friends should be firmly resisted; in addition, milk diluted with about one-third or one-half soda-water, lemonade, raspberry-vinegar-water, currant-jelly-water, and barley-water. For further hints on diet and beverages, see Part II.

Disinfection.—The only absolutely safe method to adopt with infected *clothing* and *bedding* is to *burn them.* If this be objected to, they should be either baked or boiled at a temperature of 212°. Rooms should be disinfected by fumigation with burning *Sulphur*, with all apertures closed. The walls should then be divested of their paper, or colour or white-wash; the floor thoroughly scrubbed and washed over with a solution of lime or of zinc; walls and ceiling well lime-washed; and afterwards the doors and windows kept open for several days.

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## 35.—Cow-pox (*Vaccinia*) and Vaccination.[1]

Definition.—*Vaccinia* is a disease of the cow, which, by inoculation, was accidentally discovered by Jenner, a hundred years ago, to be protective against Small-pox in man.

Vaccination, then, is the process by which the disease

[1] See *H. World*, v. iii. p. 229; v. iv. p. 189; v. v. pp. 129, 151; v. vii. p. 199.

*Vaccinia* is artificially introduced into the human system for the purpose of protecting it against Small-pox.[1]

This process is in strict accordance with the homœopathic principle, as it is preventive of Small-pox in consequence of the homœopathic relationship it bears to that disease. Its tendency is not only to prevent a fatal termination, and render the disease mild in its course, should it occur, but to keep off the disease altogether. The resident surgeon of the Small-pox and Vaccination Hospital at Highgate states, that in the course of his large experience, he found that when Small-pox attacked persons who had not been vaccinated it killed 36 per cent. of them—that is, *one in every three died;* but that when vaccination had been performed, the death-rate of those attacked by the disease fell to *one in fifteen.* He also found that the protective power of vaccination was in proportion to the way in which it had been done; thus, *one* permanent *cicatrix* after the operation gives a mortality from the disease of nearly eight in the hundred; *two* scars, of rather more than four per cent.; *three* scars, less than two per cent.; and if *four* scars, not one in a hundred dies when attacked by the disease.[2] This is a most important practical point to remember: if only one indifferent cicatrix remains after the operation, such persons, taking Small-pox in after-life, die at the rate of 12 in the 100; but if four or more cicatrices remain, only one in 200 will die of Small-pox.

Further, Mr. Marson states, that 370 persons treated in the Small-pox and Vaccination Hospital, London, who believed themselves vaccinated, but who had no cicatrix to show,

[1] It is stated that in Sweden, forty years *before* vaccination, out of every million persons, 2,050 died annually; *after* vaccination, 158 only. In Berlin, before vaccination, 3,422; after, 176. In Paris, before vaccination, 80 out of 100; after, 14 to 16. In the British army, scattered all over the world, and consequently exposed to great risks, but carefully protected by vaccination, 1 in 1,000 is attacked; less than 1 in 10,000 dies.

[2] See *Lancet*, August 15, 1863

and trusted to such vaccination for their protection, died of Small-pox at the rate of 23½ per cent. Persons, therefore, having no cicatrix remaining, are in a very unsafe condition.

In performing vaccination, the following are the chief points to be observed :—

1. The *lymph* used should be taken from a child free from Scrofula, Syphilis, or any constitutional *taint;* eruptions, swollen glands, inflamed or sore eyes, are decided objections, and might result in the transmission of disease to healthy children.

2. The vaccinator should employ *a clean lancet;* Pyæmia, Syphilis, and other kinds of blood-contamination, no doubt often follow from the use of a foul lancet.

3. The lymph should be taken on the eighth day, *unmixed with blood* or any other secretion. Attention to these points will prevent the so-called *evils of vaccination.*

4. The matter should be inserted in four or five places in one arm.

5. When arm-to-arm vaccination cannot be practised, the lymph should be preserved in hermetically-sealed capillary tubes, or on ivory points.

6. Vaccination should be performed not later than the third month; indeed, its performance is now rendered compulsory during the first three months, which is perhaps the best period, as dentition has not then commenced.[1]

7. *Treatment* is scarcely ever necessary, as the condition thus set up, described as *Small-pox in miniature,* is very

[1] Eczema, as also any other eruption, is usually considered a bar to vaccination. But in the *British Medical Journal* of January 27, 1872, and again of February 3, several cases are put on record in which inveterate Eczema in children, affecting the scalp, face, flexures of the joints, etc., were quickly cured by vaccination. We have often been informed by patients that children who were before cross and peevish, became, after vaccination, good and manageable. Mothers who have observed these effects are often anxious to have vaccination performed at the earliest period.

simple. But should there be much inflammatory redness and swelling, a few doses of *Acon.* or *Bell.* may be given. Occasionally a poultice is necessary, or dusting the part with flour or finely-powdered starch. As the pox are declining, a dose of *Sulphur*, morning and night, for a few days, is recommended, to correct any constitutional tendency to skin disease, sore eyes, etc., that may otherwise be called into action.[1]

8. *Re-vaccination* should take place at the age of puberty; the great systemic changes which occur at this time of life rendering it generally necessary. Persons at this period, especially if they are about to change their place of abode, should be examined, and if they have only one cicatrix, or if that is imperfect, or if there is no cicatrix at all, they should be re-vaccinated. "For just upon thirty years we have re-vaccinated all the nurses and servants who had not had Small-pox, on their coming to live at the Small-pox Hospital, and not one of them has contracted Small-pox during their stay here" (*Marson*).

From the above observations it will be inferred that we think highly of the protection afforded by efficient vaccination. Evils, indeed, may have arisen from its careless performance; but they only tend to prove that this operation, like every other on the human body, should be performed with due care and skill. But if Small-pox does occur in vaccinated persons, it does so with a trifling mortality. During the last epidemic it was particularly noticeable that even where the eruption was confluent (which was very seldom the case), in patients who had been well vaccinated the accompanying constitutional symptoms were much modified. The occurrence of the disease after one vaccination is not an argument for *non*-vaccination, but for *re*-vaccination.

[1] See *H. World*, v. v. p. 212; v. vii. p. 206

## 36.—Chicken-pox (*Varicella*).

Definition.—A pustular eruption, similar in appearance to that of Small-pox, for which it may be at first mistaken. It differs from Small-pox in the slighter degree of fever which attends it, in the vesicles being pointed in the centre, and becoming filled with a watery fluid about the second or third day, which is never converted into yellow matter, as in Small-pox, and in its rapid course. Generally, on the third or fourth day, the vesicles dry up, forming crusts or scabs, leaving no permanent scars.

Treatment.—*Rhus Tox.* is generally the first, and unless the symptoms mentioned below are prominent, the only remedy required, and under its action the disease soon disappears. *Aconitum.*—Febrile symptoms. *Belladonna.*—Headache, flushing of the face, or sore-throat. *Apis.*—Excessive itching with the eruption. *Mercurius.*—Should any of the vesicles suppurate.

Accessory Means.—Too early exposure to cold, especially during the winter or early spring, should be avoided. A milk diet is generally best.

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## 37.—Measles (*Morbili*).[1]

Definition.—A continued infectious fever, preceded by severe Catarrh, accompanied by a crimson rash, and sometimes followed by inflammation of the mucous membrane of the organs of respiration.

This disease was formerly confounded with Scarlatina; but there are well-marked differences, as pointed out in the table following. Measles is generally unattended with danger, unless improperly treated. Unfortunately, however,

[1] See *H. World*, v. iii. p. 227.

so constant is this improper treatment, that about fifteen hundred children die of Measles every year in London alone. At the time of preparing the Sixth Edition of this Manual for the press (December, 1873), the deaths have been, re-respectively, 105, 116, and 130, in three successive weeks, in London only.[1]

Children are usually the subjects of its attack; but when adults suffer, it is often a severe disease. Like Scarlatina and Small-pox, it is highly contagious, often epidemic, and generally attacks the same person only once.

Modes of Propagation.—No susceptible person can remain in the same room or house with an infected person without risk of taking the disease; and it is almost impossible to isolate the disease in large establishments or schools. It is propagated by *fomites*. This is proved by the fact that children's clothes, sent home in boxes from schools where the disease has raged, communicate the disease; and also by the same circumstance resulting when susceptible children have lain in the same beds, or in the same room, shortly after it has been occupied by patients suffering from the disease (*Aitken*). The contagion from *Measles, Scarlatina*, etc., only ceases when *desquamation* of the *cuticle* is complete.

Symptoms.—Measles passes through its course by stages: there is its period of *incubation*, lasting from ten to fourteen days; its *precursory fever;* its *eruptive* stage; and its *decline*. The peculiarity of the early symptoms is, their resemblance to those of a *common cold*,—sneezing; red, swollen, and watery eyes; discharge from the nose; a hoarse, harsh cough; languor; fever; and sometimes diarrhœa and vomiting. The symptoms usually increase in intensity until about the fourth day, the *eruption* appears, first on the face, then on the neck and breast, and soon after on the whole body.

[1] See *H. World*, v. ix. pp. 1, 25.

It is in the form of slightly raised red spots, which multiply and coalesce into blotches of a more or less crescentic form, particularly on the face, which is often a good deal swollen. An abundant eruption is more favourable than a scanty one. The eruption is two or three days in coming out, and remains at least three days; the fever then abates, and the eruption declines, becoming browner as it fades, and the outer skin is afterwards thrown off in a fine bran-like scurf. As the rash declines, diarrhœa sometimes occurs: this, unless very troublesome, should not be interfered with, as it is often beneficial. The maximum *temperature*, in the usual run of cases, is 103°; if it rises above this, the case must be regarded as severe; if much below it, mild. The highest temperature is generally reached on the fifth day, after which it rapidly declines. The temperature corresponds to that of most other fevers, and should be measured by a clinical thermometer, by which severe and complicated cases may be early distinguished. In nearly every case, the catarrh extends down the larger bronchial tubes, and any sudden increase in the temperature, or the occurrence of any rigors, would indicate the advent of a more serious condition than mere catarrh, either in the lung substance (*Pneumonia*) or in the small air-tubes (*Capillary Bronchitis*).

Dangers.—Pneumonia, Bronchitis, and diphtheritic inflammation of the larynx are the chief causes of danger during the course of the disease. In grave attacks the eruption is of a dark purple colour, and should always excite anxiety. Dangers may also follow the attack, as pointed out under "Sequelæ."

Epitome of Treatment.—

1. *Primary fever.*—Acon. and warm bath (see Sec. 26).

2. *The rash and catarrhal derangement.*—Puls., Gels.; Euphr. (*copious watery discharge from the eyes and nose*).

3. *Slow development of the eruption.*—Bell. (*drowsiness, start-*

*ings*, etc.), Puls. (*troublesome gastric symptoms*), and the warm bath (see Sec. 26), Ammon.-Carb. (*tendency to relapse*).[1]

4. *Retrocession of the eruption.*—Gels., Ammon.-Carb., Bry.

5. *Troublesome cough.*—K.-Bich., Spong., Bell., Bry., Ant.-Tart., Ipec.

6. *Severe and complicated cases.*—Camph., Ars., Mur.-Ac., Phos., Bell., Rhus.

### Table showing the Chief Differences between Measles and Scarlet Fever.

| MEASLES. | SCARLET FEVER. |
|---|---|
| 1.—*Catarrhal* symptoms are prominent—watery discharge from the eyes and nose, sneezing, harsh cough, etc. | 1.—Catarrhal symptoms are usually absent, but there is great *heat of the skin*, *sore throat*, and sometimes *delirium*. |
| 2.—The rash is of a *pinkish-red* or *raspberry-colour*. The white streak produced by the back of the nail is not uniform, and lasts a shorter time than in Scarlet fever. | 2.—The eruption is of a *bright scarlet colour*, and by drawing the back of the nail over the skin a white streak is produced, which lasts two or three minutes. |
| 3.—The eruption is somewhat *rough*, so as to be felt by passing the hand over the skin, and is in groups of a crescentic form. | 3.—The rash usually presents no *inequalities* to sight or touch, and is so minute and closely crowded as to give the skin a *uniformly* red appearance. |
| 4.—Liquid, tender, *watery* eye. | 4.—A peculiar *brilliant stare*, as if the eyes were glistened by an ethereal lustre (*Duggan*). |
| 5.—The cuticle is thrown off in minute portions, like *scales of fine bran*. | 5.—Desquamation of the cuticle is in *large patches*, especially from the hands and feet. |
| 6.—The most common *sequelæ* are diseases of the *lungs*, *eyes*, *ears*, and *skin*. | 6.—The most frequent *s quelæ* are *dropsy*, especially after mild cases, and *glandular swellings*. |

Special Indications.—*Aconitum.*—Well-marked *febrile symptoms* at the outset, or to control inflammatory action

[1] See *H. World*, v. v. p. 67.

during the progress of the disease. A dose every two, three, or four hours. Dr. Von Grauvogl gives *Acon.* alone in Measles, and also to cure the sequelæ, if these arise, as they often do, when the disease has been treated without *Acon.*[1]

*Veratrum Vir.*—Useful during the febrile stage, if *congestion of the lungs* or *convulsions* are feared.

*Pulsatilla.*—Cough, worse towards evening, or during the night, with rattling of mucus in the air-passages, or thick yellowish or whitish expectoration; thick greenish or yellowish defluction from the nose; Epistaxis; catarrhal derangement of the stomach, and diarrhœa. *Puls.* may follow, or be alternated with *Acon.*

*Gelseminum.*—When the eruption is slow in making its appearance, or is imperfect, or too suddenly recedes, especially when there is a tendency to convulsions, it may be given in frequently-repeated doses. Some give it instead of *Puls.*

*Ammon.-Carb.*—Imperfect or retrocedent eruption.

*Belladonna.*—Sore throat, with painful and difficult swallowing; dry *spasmodic* cough; inflammation of the eyes, restlessness, and tendency to *delirium.*

*Ipecacuanha.*—Retching, vomiting, and much cough.

*Bryonia.*—This valuable remedy may be given in the first stage, in alternation with *Acon.;* when the temperature begins to fall, with *Puls.*; and thus the tendency to the development of Bronchitis or Pneumonia is often averted. *Bry.* is also useful, especially when alternated with *Ant.-Tart.*, where *cough* is the prominent symptom. The hot bath or pack will aid the medicines. (See Sec. 26.)

*Mercurius.*—Glandular swellings in the neck, ulcers in the mouth and throat, bilious diarrhœa, dysenteric stools, etc.

*Phosphorus.*—Pale, imperfect, or irregular eruption; dry, hollow cough; pain in the chest; nervous or typhoid symptoms. It is especially called for in the Pneumonia which is a common sequel of Measles.

[1] See Text-book of Homœopathy, pp. 324-6, Part I.

*Sulphur.*—During the decline of the disease, as well as after the eruption has completed its natural course and the other medicines are discontinued, to prevent the usual after-effects. A dose twice or thrice daily, for four days; afterwards, once or twice for a like period.[1]

SEQUELÆ.—Acute diseases may be rendered sources of danger *immediately*, by the pressing symptoms they call into play, and *remotely*, by establishing chronic diseases (*Sequelæ*). Acute maladies may become starting-points for defective nutrition by inducing chronic derangement of the digestive functions, or interrupting the nutritive processes by some unexplained influence over the nervous system, or by developing a pre-existing dormant tendency to disease. In our opinion, the latter—a latent diathetic predisposition—is the most frequent cause of sequelæ. The diseases most often followed by troublesome and chronic affections are: Measles, Scarlet-fever, Hooping-cough, Diphtheria, Small-pox, and Enteric fever. In these, and in other acute affections, it is not therefore enough to endeavour to meet the urgent symptoms of the attack; the patient must be guarded and watched till the health becomes completely restored and confirmed, lest the defective nutrition should be converted into a chronic condition.

Measles is especially liable to be succeeded by sequelæ, which are more difficult to treat, and sometimes more dangerous, than the complaint itself; but, except in scrofulous or tuberculous children, they are generally the result of irrational treatment: under homœopathic treatment, and good management, patients usually recover rapidly and perfectly. If, after the decline of the eruption, the patient retains a temperature above 100°, some complicating disturbance may be suspected. The following are the diseases most liable to occur, with the leading remedies:—

[1] See *H. World*, v. vi. p. 254.

*Inflammatory affections of the eyelids* (*Chronic Ophthalmia*).—Merc.-Cor., Sulph., Acon., Bell.

*Purulent discharge from the ear, or deafness.*—Puls., Sulph., Silic., Merc., H.-Sulph.

*Swelling of the glands.*—Merc.-Iod., Calc.-Carb., Lyc.

*Chronic Cough, Hoarseness, or other affections of the chest.*—Phos., Hep.-S., K.-Bich., Spong., Ars., Caust., Carbo Veg., Sulph.

*Cutaneous eruptions.*—Sulph., Iod., Ars.

Measles and Consumption.—A more emphatic reference may be made to tubercular disease of the lungs, or, more often, of the bowels, which is a not infrequent sequel in patients of a delicate or strumous constitution. Cases of this nature are often under our care, and from long observation we have reason to believe that such a connection is far from uncommon. Whenever, then, a child makes but a slow or imperfect recovery from an attack of Measles, more particularly if there is tenderness, pain, or enlargement of the abdomen, Diarrhœa or irregular action of the bowels, and a high temperature, a grave constitutional disease may be suspected, and no time should be lost in obtaining the best homœopathic advice.

Accessory Measures.—*Cold* water, gum-water, etc. No stimulants should be given. As the fever abates, milk-diet, gradually returning to ordinary kinds of food. In this, as in the other eruptive fevers, the *Wet-pack*, described pp. 100, 101, if well done, is of essential service. If the patient be packed imperfectly, serious results may follow. He should be kept in bed, and the room sufficiently darkened to protect the eyes, but the proper and constant circulation of pure air must by no means be interrupted. The temperature of the patient's room should be about 60° Fahr., and guarded against rapid changes. Except during the very height of summer, a fire should be kept burning in the room. Tepid sponging,

followed by careful drying, is necessary *several times* a day, also a frequent change of linen. If the eyelids become glued together by the increased secretion of the meibomian glands, they should be carefully sponged with tepid water, and smeared with a little Zinc ointment, especially at bed-time. After the disease, the patient should be warmly clad, and taken into the open-air *frequently*, when the weather is fine. He must not, however, go out too soon, or be in any way exposed to cold, in consequence of the excessive susceptibility to Bronchitis, Pneumonia, etc.

PREVENTIVE TREATMENT.—This is of little consequence, as the danger under our treatment is trifling. But it may be prevented or modified by giving children who have not had Measles a dose of *Pulsatilla* every morning, and one of *Aconitum* every evening, for a week or ten days, during its prevalence. *Puls.* has undoubtedly great influence, being to Measles just what *Bell.* is to simple Scarlatina.

## 38.—Scarlet Fever (*Febris Rubra*)—Scarlatina.[1]

Like Measles, Scarlet fever is infectious and contagious: but is to be much more dreaded. It chiefly affects children, and usually occurs but once in the same person. During the epidemic in London (1869-70), however, instances were comparatively numerous in which the disease occurred a second time in the same person. The second, third, fourth, and fifth years of life are those in which it is most prevalent; after the tenth year its frequency rapidly declines. The opinion that the disease does not attack children under two years of age is erroneous, for in 1862, the deaths from this

[1] A popular idea exists that when the disease is severe it is termed *Scarlet fever*, but when mild, *Scarlatina*; the terms, however, are strictly synonymous.

disease in England were 14,834; and out of this number 9,569 were children under five years of age, 903 of these being under twelve months old. Infancy, then, offers no exemption from severe attacks of Scarlatina.

The increasing prevalence of Scarlatina during the present century entitles it to that rank among the causes of the mortality of childhood which was formerly occupied by Small-pox, for it is second only to *Typhus*. In 1863, the mortality from Scarlatina in London alone was 4,982, a year remarkable for the widespread prevalence and fatality of this epidemic, for scarcely a town or parish of England escaped. An excessively high rate of mortality prevailed in London, Manchester, Leeds, and many other large towns during that year, ranging from 100 to 120 deaths a week for many weeks;[1] and in the autumn of 1870, the rate of mortality from this disease in London alone was 108 per week.[2] This high mortality led Professor Huxley, in his address to the British Association for the Advancement of Science in September, 1870, to remark:—"Looking back no further than ten years, it is possible to select three (1863, '64, and '69) in which the total number of deaths from Scarlet fever alone amounted to ninety thousand. This is the return of the killed, the maimed and disabled being left out of sight. Without doubt, the nature and causes of this scourge will one day be well understood, and the long-suffered massacre of our innocents come to an end; and thus mankind will have one more admonition that 'the people perish for lack of knowledge.'"

Varieties.—There are three varieties, or, more properly speaking, degrees of intensity. It is important to remember that though it be convenient to speak of *S. simplex*, *S. anginosa*, and *S. maligna*, they are not different diseases, but one disease, developing itself more or less perfectly, with greater

[1] See *H. World*, v. iii. p. 244; v. iv. p. 213.

[2] See Registrar-General's quarterly returns, *H. World*, v. v. p. 272.

or less intensity, according to the constitutional condition of ts victim and the amount of resistance which the constitution possesses. The nervous system, the skin, the mucous lining of the throat, stomach, bowels, and kidneys, and the function of the circulation, exhibit disturbance in every case, although the degree of that disturbance may vary widely. Again, exposure to the contagion of *S. simplex* may give rise to an attack of *S. anginosa* or *maligna;* and the contrary. Finally, in proof of the identity of the different modes of the fever, the same sequelæ are observable after each degree of the disease (*A. C. Pope, M.R.C.S.*). It is convenient, however, to describe the fever according to the different degrees of its intensity, viz. :—1. *S. simplex,*—a scarlet rash, with redness of the throat, but without ulceration. It may be expected to terminate quite favourably under proper treatment. 2. *S. anginosa,*—a more severe form of the disease, with redness and ulceration of the throat, and a tendency to the formation of abscess in the neck. The temperature is high and the disturbance of the circulatory system great. This has many points of danger, and in several ways may jeopardise the patient's life. The throat complication is more likely to be severe and fatal in winter than in summer. 3. *S. maligna,*—extreme depression of the vital strength, and great cerebral disturbance, are supperadded to the affection of the throat and skin, the fever soon assuming a malignant character. The tongue is brown; there is low delirium; the throat is dark, livid, or even sloughy; the eruption comes out imperfectly or irregularly, or alternately appears and disappears, and is *dark* rather than scarlet. This form of the disease is always one of *extreme danger.*

General Symptoms.—Scarlatina usually commences suddenly, with the ordinary precursors of fever—chills and shiverings, succeeded by hot skin, nausea, sometimes vomiting, rapid pulse, thirst, frontal headache, and sore-throat.

The last-named symptom—sore-throat—is generally the earliest complained of by the patient. In about forty-eight hours after the occurrence of these symptoms, the *characteristic rash* is perceptible, first on the breast, from whence it gradually extends to the neck, face, trunk, over the great joints and limbs, till the whole body is covered with it. The eruption is *bright-scarlet*, and consists of innumerable red points or spots, which have been compared to a boiled lobster-shell. These spots either run together, and diffuse themselves uniformly over the skin, or else appear in large irregular patches in different parts of the body. The colour of the skin disappears on pressure, but returns on its removal. The appearance of the tongue is characteristic: it is first coated, the tip and edges are red, the papillæ are red and raised; afterwards the tongue becomes clean and raw-looking. A diffused redness, sometimes of a dark claret-colour, covers the mouth, fauces, etc., which disappears as the febrile symptoms and rash subside. On about the fifth day, the *efflorescence* generally begins to decline, and entirely disappears by about the eighth or ninth day, leaving the patient in a weak condition. The subsequent process of desquamation of the cuticle is variable in its duration; it takes place in the form of scurf, from the face and trunk; but from the hands and feet large flakes are separated, sometimes coming away entire like a glove or slipper.

It is not always, however, that the disease pursues this uniform course. Sometimes the disease occurs without any rash or sore throat being observed; or the eruption is livid and partial, and attended with prostration so extreme that the patient sinks in a few hours under its virulence.

Distinctive Features.—(1) The *scarlet rash*, already described.—(2) *The high temperature of the body.* The thermometer placed in the axilla rises from 98° Fahr.—the natural standard—to 105°, or even to 106°.—(3) The papillæ

of the tongue are *red and prominent*, and may be first seen projecting through a white fur, or, as this fur clears away, on a red ground, and has been termed the "strawberry-tongue." —(4) A peculiar brilliant glistening stare of the eye, easily distinguished from the liquid, tender eye of Measles.—(5) The *sore throat*. The throat is congested and swollen round the soft palate and tonsils, and the mucous membrane of the mouth and nostrils are generally involved.

Scarlet Fever and Other Diseases.—For the chief differences between it and Measles, see page 133. In *Roseola* the eruption is generally irregular, limited to the chest, and the throat symptoms and fever are slighter. The early eruption in *Small-pox* sometimes resembles that of Scarlet fever; but the subsequent papular character of the former, and the previous pain of the back, sufficiently distinguish them.

Cause and Modes of Propagation.[1]—The poison of Scarlet fever is of a subtle nature. Its earliest source is distinctly traceable to Arabia, but it has now spread over the whole world. Owing to the insanitary condition of their dwellings, it spreads extensively, and with great fatality, among the poor. It may be transmitted by *fomites*—in the clothes, bedding, carpets, etc.: this is proved by the fact that medical men have often carried the disease to their own families. The poison may be destroyed by a temperature 205° Fahr., or by disinfection and ventilation. The infecting power probably commences with the primary fever, attains its maximum degree at the commencement of desquamation, and continues till the old cuticle is completely removed.

Treatment.—It should be laid down as a maxim that in Scarlet fever medical advice ought always to be had recourse to; for the worst cases we meet with (as those in which mortification of the nose, cheek, or limbs sometimes take place) are those in which the disease has, from its apparently mild character, been left to itself (*Aitken*).

[1] See *H. World*, v. v. p. 270.

EPITOME OF TREATMENT.—

1. *Scarlatina simplex.*—Bell.[1] during the course of the affection, preceded by a few doses of Acon., to moderate febrile excitement, and Sulph. or Ars. during its decline.

2. *Scarlatina anginosa.*—Acon. and Bell.; Gels., Apis (*great swelling of the throat*); Ammon.-Carb.; Merc.-Biniod. (*ulceration*); Ac.-Nit. (internally, or as a gargle, or both); Hyos. (*great restlessness, screaming, convulsions*); Stram. (*delirium*); Opium (*coma*).

3. *Scarlatina maligna.*—Ailanthus Gland., Ac.-Carbol.,[2] Ars., Ac.-Mur., Cup.-Acet., Ac.-Nit., Hydras. (*as a gargle*, eight drops to half a tumbler of water, *or the strong tincture as a paint to the tonsils*). The spray of Sulphurous Acid, or of *Perfumed Carbolic Acid*, diluted—one part of either to about ten of water—is also recommended.

4. *Secondary diseases* (*sequelæ*).—Ac.-Mur., Apis, Merc.-Iod., Phos., Sulph., etc. See p. 146.

SPECIAL INDICATIONS.—*Belladonna.*—*Bright-red*, clear, and uniformly developed rash, difficult swallowing, *inflamed throat* and eyes, dilated pupils, sleeplessness, with nervous excitement, *starts*, etc. *Bell.* exerts a direct power over Scarlet fever, which in the modified variety, and when the eruption is *scarlet*, will generally yield to its action without the aid of any other remedy.

*Aconitum.*—Acute *febrile symptoms.* If given early, *Acon.* may modify and abridge the accompanying fever.

*Mercurius.*—Inflamed, swollen, or ulcerated throat; *salivation;* ulcers in the mouth; acrid discharge from the nostrils.

*Apis.*—*Rapid swelling* of the throat, and sharp *stinging* pains.

*Veratrum Vir.*—In Scarlatina *simplex* and *anginosa*, this remedy greatly modifies arterial excitement, heat of skin, vomiting, and concomitant symptoms during the early stage,

[1] See *H. World*, v. iv. p. 25. [2] Vol. iv. p. 154; v. vii. p. 236.

and should be given in two-drop doses, 1x; for adults, the strong tincture may be used.

*Hydrastis.*—Putrid ulcerations of the mucous surfaces. For malignant sore-throats it is invaluable.

*Coffea.*—Extreme *restlessness, sleeplessness,* irritability, and a whining disposition, particularly at night.

*Gelseminum.*—This remedy diminishes cerebral congestion and nervous excitement, moderates the pulse, and has great power in developing the eruption when it is imperfect. It is also recommended when the symptoms are of a *remittent* character.

*Ailanthus Gland.*[1]—Malignant Scarlatina, especially where there is a fœtid discharge from the nostril accompanied by cracking at the angles of the mouth, etc. Although we have used it on several occasions with good results, our experience is too limited to enable us to add anything of a positive character on the point; but it is strongly recommended both on theoretical and clinical grounds. It is important that the remedy be administered early, in a strong form, and frequently repeated till amendment sets in.

*Ammon.-Carb.*—Enlarged and livid tonsils, which are covered with a rapidly degenerating, sticky, offensive mucous slime; burning pains in the throat; also a tendency to an accumulation of mucus in the mouth; faintly developed eruption; heaviness of the head; drowsiness, and not easily aroused attention (*Pope*).

*Lachesis.*—In malignant Scarlatina, during the decline of the eruption, a typhoid condition often supervenes, probably from the absorption of the ichorous discharge from the throat. This condition is characterised by prostration, quick feeble pulse, low muttering delirium, and jactitation. In this stage, *Lachesis* is an invaluable remedy, especially when the patient is worse in the afternoon, and after awaking from sleep.

[1] See *H. World*, v. iv. p. 183.

*Arsenicum.*—Rapid *prostration* and *emaciation;* cold, clammy sweats; frequent, weak pulse; nightly paroxysms of fever, with burning heat, and threatening *dropsical affections.* *Ars.* is also recommended to hasten desquamation and repair of the skin, and to restore the lost tone of the kidneys. See also *Sulph.*

*Sulphur.*—During the decline of the eruption, as a preventive of Sequelæ. If both *Sulph.* and *Ars.* be required, they may be administered in alternation every six or eight hours; or *Sulph.* one day and *Ars.* the next.

Accessory Means.—Isolation of the patient is of first importance. The room should be divested of all superfluous furniture and hangings. Ventilation, without exposing the patient to draught, should be thorough. Carbolic acid or Condy's fluid should be freely used about the room, and employed for constantly wetting a sheet stretched across the open door. The patient should invariably remain in bed; the room should be well ventilated, and at the same time the patient should be protected from direct currents of air. If possible it should be an upper room, as the poison rises, but does not descend. The clothes of the patient, the sheets, blankets, and personal linen, as well as the air of the room, should be frequently changed. The light of the apartment should be modified to prevent injury to the susceptible eyes. He must not go out too early, as secondary symptoms are of frequent occurrence from neglect of this precaution. The patient should be frequently sponged over with cold or tepid water, and dried rapidly, to obviate too long exposure. Dr. Douglass, of Milwaukee, says that he has used *cold* water, either by sponging, the wet pack, or the douche, and very free ventilation, for nearly fifty years. A *wet-compress* to the throat, if swallowing is difficult; *poultices,* frequently renewed, or spongio-piline, squeezed out of hot water, if the glands are swollen; the *inhalation of the steam of hot water*

as described on pp. 109-11, as long as the throat is sore and painful; *injections* of tepid water, if the bowels are costive. During convalescence, warm clothing, including flannel, is necessary, and subsequently a *change of air*, if possible to the sea-coast.

Beverages.—Cold water, gum-water, barley-water, weak lemonade, etc., in small quantities, as frequently as desired. Drinking cold water, toast-water, or soda-water exerts a favourable influence on the kidneys, and tends to prevent subsequent diseases in those organs. To the same end sucking and swallowing *small pieces of ice* are both useful and grateful.

Diet.—Roast apples, grapes, strawberries, and other ripe fruits in season, toast, gruel, etc.; gradually returning, as the disease declines, to food of a more substantial kind. The fever being of short duration, wine or brandy may generally be dispensed with; but in malignant cases, stimulants, *extract of meat*, etc., should be given freely as directed in the Section on Enteric fever. The quantity of nourishment and stimulants should be regulated by the character of the pulse.

Prevention.—When Scarlet fever prevails in a family or neighbourhood, the administration of a dose of *Belladonna*, morning and night, to children who have not had the disease, will often entirely ward off an attack; should the disease occur, notwithstanding this treatment, it will, undoubtedly, greatly modify its severity. As a prophylactic we generally administer two drops of the 1st dec. dil. in half a wineglass of water the first thing in the morning. In severe epidemics the dose should be given twice daily for a few days. The value of this measure we have repeatedly verified in practice. Great cleanliness should be observed, and pure air be allowed to play through the house.[1]

[1] See *H. World*, v. vi. p. 12.

SEQUELÆ.—If there be no complications or sequelæ, Scarlet fever may be expected to terminate favourably in about a week. Secondary diseases are, happily, infrequent after homœopathic treatment. But in weakly or scrofulous children the disease is liable to be followed by troublesome maladies, one of the most frequent of which is *suppuration of the glands of the neck.* This occurs sometimes to a frightful extent, involving the deep structures of the neck. When this condition obtains, the parts should be carefully sponged with a lotion of Carbolic acid (1-100) and dressed with cold water, the lint being covered with oil-silk. The following are the most common *Sequelæ,* with the remedies generally indicated.

(1.) *Glandular swellings, discharges from the ears* (*Otorrhœa*), *or deafness.*—Merc.-Iod., Ac.-Mur., Calc.-C., Phos., Aur., Sulph.; Merc.-Biniod., Lyc., Silic. (*suppuration from the ear, with deafness*); Alum., Graph., Calc.-Phos. (*obstinate cases*); K.-Permang. (*very offensive discharge*); a weak solution for syringing the ear, and a plug of lint saturated with the lotion, frequently changed, and applied within the ear. Also *Carbolic Acid lotion,* as recommended (see Sec. on *Otorrhœa*).

(2.) *Pains in the ear.*—Puls., Bell.

(3.) *Inflammatory affections of the eyes.*—Bell., Acon., Sulph.

(4.) *Croupy cough.*—Hep.-S., Iod.

(5.) *Acute desquamative Nephritis and Dropsy.*—Apis, Canth., Tereb., Merc.-Cor., Ars., Hell., Apoc. (see Sec. on *Nephritis*).

This last affection, also termed post-scarlatinal Dropsy, is the most common sequel, and it occurs more frequently after mild than severe attacks. This is probably owing to the disease not having expended all its force, so that some of the poison remains in the system; or it may be due to the neglect of proper caution during the period of recovery; or,

again, to the patient having been in a previously debilitated condition.

After the subsidence of the fever, usually from the tenth to the twentieth day, *Acute Nephritis* is liable to come on. *Symptoms.*—Frequent inclination to pass water, which is scanty, and often high-coloured or smoky from the presence of blood, and of high specific gravity. If examined through a microscope, the tube-casts are cellular or transparent, or if tested by heat and Nitric acid, the urine deposits *albumen.* The pulse is quick, the skin dry, the patient is thirsty, and the body, face, and limbs are œdematous. Besides occurring from Scarlatina, the disease arises in adults from exposure to wet and cold, and is sometimes complicated with Pleurisy, Pericarditis, or Peritonitis. Recovery is generally indicated by a copious secretion of urine.

Accessory Means.—Warm baths, or cold sponging of the body, the wet-pack, and drinking cold water, are of the first importance; they facilitate excretion by the skin, and relieve the congested kidneys. In the treatment of the disease, to promote the free action of the skin is the most effectual means for preventing post-scarlatinal Dropsy. It is known that Albuminuria, and its attendant evils, can be produced in an animal by glazing over half or three-fourths of the surface of its skin. To do so completely would cause speedy death. This shows the importance, in the treatment of Scarlatina, of preserving the integrity of the skin. Nothing secures this so thoroughly as the *wet-pack* (see Sec. 26). A nourishing, digestible diet is also essential to meet the exhaustion which usually exists. Cold water may be given *ad libitum.* Finally, change of air is of great value, though the patient should not go out too early.

Occasionally the kidneys are, from the outset, the chief organs affected. Dr. Carroll Dunham, of New York, records several interesting cases in the Publications of the Massa-

chusetts Homœopathic Medical Society, in which the renal affection was the form of the disease, rather than a sequel. He states that the group of remedies in which we are most likely to find the *simile* for a case of this kind comprises, among others, *Tereb.*, *Canth.*, *Ars.*, *Apis*, *China*, *Carbo V.* and *Phos.*

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## 39.—Typhus Fever (*Febris Typhus*).

Definition.—An acute specific form of fever, highly contagious and infectious, continuing from fourteen to twenty-one days, attended with a lethargic or confused condition of the intellect, and an eruption of a measles-like or mulberry appearance, and is the accompaniment of privation, overcrowding, and defective ventilation.

Symptoms.—The precursory stage varies, but is usually short, so that the patient yields to the disease within the first three days, giving up his employment and taking to his bed; in this respect strongly contrasting with the protracted invasive stage of Enteric. Sensations of uneasiness, soreness, or fatigue, loss of appetite, *frontal headache*, and disturbed sleep are the early symptoms. The patient is often seized with a rigor (but less marked and severe than in Small-pox or internal inflammations), usually succeeded by dry heat of the skin, thirst, quick pulse, white, dry, often tremulous tongue, scanty and high-coloured urine, sometimes vomiting, heavy look or stupor, prostration, and muscular pains; towards evening there is irritability or restlessness, and if sleep occurs it is unrefreshing, being disturbed by dreams, or sudden starts.

The general appearance of a Typhus-patient is very marked, and affords a ready means of diagnosis. "In an average attack the patient lies prostrate on his back, with a most weary and dull expression of face, his eyes heavy, and with some dusky flush spread uniformly over his cheeks. In

## Differences between Typhus and Enteric (Typhoid) Fever.

| TYPHUS. | ENTERIC. |
|---|---|
| 1.—Comes on *quickly*, after incubating about nine days. | 1.—Commences *slowly* and insidiously, the period of incubation lasting about thirteen days. |
| 2.—Occurs at *any* age. | 2.—Is most common in *youth* and childhood; rarely occurs after forty. |
| 3.—Is rare among the wealthy classes, excepting doctors, students, and *visiting* clergymen. | 3.—Is as common among the *rich as the poor*. |
| 4.—The eruption is of a MULBERRY COLOUR, comes out in a single crop about the fourth or fifth day, and lasts until the termination of the disease. The spots generally appear first on the extremities. | 4.—The eruption consists of ROSE-COLOURED spots, few in number situated generally about the abdomen; comes in successive crops, which in their turn fade and disappear. |
| 5.—The *brain* is chiefly affected, and the bowels are often but little so; the abdomen is natural, and the evacuations dark, but never bloody. (These symptoms are occasionally reversed.) | 5.—The *bowels* are chiefly affected, the evacuations being ochre-coloured and watery, with congestion of the intestinal mucous membrane, sometimes hæmorrhage, or even ulceration, and the abdomen is tumid. |
| 6.—There is a *dusky blush* on the face, neck, and shoulders, injected eyes, and contracted pupils. | 6.—The expression is *bright*, the hectic blush is limited to the cheeks, and the pupils are dilated. |
| 7.—Runs its course in about a *fortnight* or three weeks. | 7.—Continues at least *four weeks*, and often five or six, or even more. |
| 8.—Relapses are of *rare* occurrence. | 8.—*Relapses* frequently occur, especially in certain epidemics. |
| 9.—The tendency to death is by *Coma*, or *Congestion* of the *lungs*. | 9.—The tendency to death is by *Asthenia*, *Pneumonia*, *Hæmorrhage*, or *Perforation of the intestine*. |
| 10.—*Typhus* arises from *destitution* and *overcrowding*, with *defective ventilation*, and spreads by contagion. | 10.—*Enteric* arises from *bad drainage* and poisoned *drinking-water*—as from a drain leaking into a well—decomposing animal matter, etc., often with deficient rainfall, certain electrical conditions, or an insufficient supply of ozone. |

the advanced stage of a severe attack he lies with his eyes shut or half-shut, moaning, and too prostrate to answer questions, to protrude his tongue, or to move himself in bed; or the mouth is clenched, the tongue and hands tremble, and the muscles are twitching and half rigid. The dryness of the mouth, the sordes on the teeth and lips, the hot, dry skin, and the deafness, or other symptoms which strike an observer so immediately as to deserve to be included in the physiognomy of the disease" (*G. Buchanan, M.D.*).

During the first week the patient complains much of headache, noises in the ears, and, subsequently, deafness; the conjunctivæ are injected, the pupils contracted, eyes painfully sensitive to light, and therefore often closed. He becomes irritable, and his answers short and fretful. After the lapse of a short period, usually between the fourth and eighth days the mind passes from a state of excitement to one of delirium. This symptom is usually more severe, and appears earlier, when the disease attacks persons in the upper classes of society, in consequence, no doubt, of the greater activity of their brains. This is especially the case with confusion of ideas as to time, place, persons, and even personal identity, with vague, rambling talk, of which occasionally he seems conscious, and from which he can be roused. Afterwards the delirium may become active and maniacal, or low and muttering. The patient often fancies that he is two or three persons, and the subject of a series of miseries and violence: confined in a dungeon, pursued by enemies from whom he vainly flies, or with whom he struggles; and he attempts to spring from bed, to reach the door or window to fly from his tormentors. Sometimes the delirium passes into a heavy stupor, with tremulousness of the tongue and hands, and twitching of the muscles (*subsultus tendinum*): but in favourable cases it subsides in two or three days. Improvement sometimes sets in quite suddenly. Between the thirteenth and seventeenth days the patient may fall into a long

deep, quiet sleep, awaking in twelve or more hours quite refreshed. The powers of the mind begin again to dawn, the countenance assumes a more tranquil aspect, sleep becomes natural, and at length convalescence is fully established.

*Diarrhœa* sometimes occurs, but at other times the bowels are confined; the evacuations are natural or dark (contrasting strongly with the yellow-ochre colour of the stools in *Enteric fever*), and may be involuntary.

The Pulse.—In Typhus the pulse is rarely less than 100, sometimes 120, 130, or even 140 in the minute. In the last case, however, in adults, it is indicative of great danger. As a rule, the pulse pursues a gradually increasing rate of frequency up to the ninth or twelfth day, and afterwards undergoes, in favourable cases, a somewhat sudden decline. Cases so marked almost invariably get well. On the other hand, departures from the gradual rise in the pulse, especially if considerable, mark the existence of complications or dangerous symptoms. In fatal cases of Typhus the pulse becomes more and more rapid, and also weaker and smaller up to the very hour of death. The first glimpse of dawning convalescence is afforded by watching the pulse; the temperature, as measured by the thermometer, is a valuable but less available sign; and whenever the pulse is fairly on the decline, especially if it become stronger and fuller, we may confidently conclude that the patient will recover. The *crisis* of Typhus is often indicated by no other symptoms than the fall of temperature indicated by the thermometer, and the decline of the pulse after having gradually reached its maximum degree of rapidity. There may be no marked perspiration, no critical diarrhœa, no striking alteration in the urine, or notable phenomena of any kind besides.

The Eruption.—The *Typhus rash* appears between the fourth and seventh days, and consists of irregular, slightly elevated spots, of a mulberry hue, which disappear on pressure, and may be singly scattered and minute, or numerous

and large: in the latter case two or more spots coalesce. They are usually first seen on the abdomen, and afterwards on the chest and extremities. Murchison says the spots generally appear first on the extremities, especially the wrists and arms. From the first to the third day after the appearance of the rash, no fresh spots appear; but each spot, although it undergoes certain changes, continues visible till the whole rash disappears, and the disease terminates. The first three days the typhus spots are temporarily obliterated by the pressure of the finger, but after that time they are indelible, thus differing from enteric spots, which may be at any time momentarily obliterated by such pressure. In fatal cases the typhus spots remain after death.

Odour.—The *odour* of typhus patients is characteristic: it is offensive, pungent, and ammoniacal. Nurses, familiar with Typhus, are thus alone able to recognise it, and they estimate the amount of danger by the badness of the smell.

Nervous Symptoms.—It is from the constancy and prominence of these symptoms that the name of Typhus (τυφος, stupor) was first employed; and it is almost certain that it is through the nervous system that the poison of the disease chiefly operates. Hence extreme restlessness, ringing noises in the ears, and low delirium or stupor, are invariably present to a greater or less extent. In fatal cases, about the ninth or tenth day, delirium merges into profound coma, or the condition described as *coma-vigil* may come on. In this latter condition the patient lies on his back with his eyes open, and certainly awake, but indifferent or insensible to everything transpiring around him. His mouth is partially open, his face expressionless, and he is incapable of being roused. The contents of the bladder and rectum are evacuated involuntarily. At length the breathing becomes nearly imperceptible, the pulse rapid and feeble, or it cannot be felt, and the transition from life to death occurs without any gleam of returning consciousness, and can only be recognised by the

eyes losing their little lustre, and the chest no longer performing its slow and feeble movements.

Unfavourable Indications.—Early, furious, and persistent delirium, with complete sleeplessness; *coma-vigil; convulsions;* involuntary twitchings of the muscles of the face and arms; abundant and *dark rash,* nearly unaffected by pressure; great duskiness of the countenance, or lividity of the surface; involuntary, uncontrollable diarrhœa; suppression of urine, or Albuminuria; a brown, hard, *tremulous tongue;* a temperature gradually rising to 107° Fahr., or higher; a great sudden elevation of temperature in the third week; a small, weak, irregular, or imperceptible pulse, stationary at above 120°; bed-sores, inflammatory or erysipelatous swellings, and other complications; a strong presentiment of death on the part of the patient, etc. The prognosis is far more favourable in children from ten to fifteen years old, in whom the mortality is very small, than in patients over fifty, for then the mortality is very great.

Causes.—*Overcrowding, with defective ventilation, destitution, and want of personal and domestic cleanliness.* Hence it is the scourge of the poor inhabitants of our large towns. *Overcrowding* includes too many occupants in rooms, and also building dwelling-houses upon too circumscribed an area, preventing the proper ventilation of streets and houses. A spacious dwelling, with free ventilation, robs the disease of half its power, and the danger of its spread to others is reduced to a minimum. *Privation*—famine through failure of crops, commercial distress, strikes, hardships in war, etc.—predisposes to Typhus by deteriorating the constitution. Before the days of Howard, Typhus was never absent from our prisons and hospitals; it was the scourge of the armies of the first Napoleon, and it decimated those of the Allies in the Crimea, the disease varying among the troops exactly in proportion to the degree of privation and overcrowding. In

1818, and again in 1847, the failure of the potato crop in Ireland gave rise to an epidemic of this fever, so that it is estimated that one-eighth of the entire population was attacked. Dirty dwellings, filthy clothes, and personal squalor constitute favouring attendants of the disease. There is undoubted evidence that the poison of Typhus may be generated *de novo:* the circumstances under which this occurs are stated above. There seems ground for believing that the poison is chiefly transmitted by the exhalations from the lungs and skin: this poison being inhaled or swallowed, finds ready access to the blood, upon which it exerts its morbid influence.

Treatment.—It is a question whether Typhus can ever be cut short, or the definite course of the disease altered by the administration of remedies: some contend that it may be broken up in the first stage, especially by the combination of homœopathic remedies and hydropathic appliances; others believe that the disease must have its course. However, our experience amply proves that in the great majority of cases the violence of the symptoms can be held in check, the patient's comfort greatly promoted, and convalescence hastened, by judicious treatment.

Epitome of Treatment:—

1. *Febrile symptoms.*—Acon., Bry., Gels.

2. *Cerebral symptoms.*—Hyos., Bell., Verat.-Vir., Stram.; Tereb. (*from Uræmia*).

3. *Sleeplessness.*—Coff., Bell., Gels.

4. *Stupor.*—Opi., Rhus.

5. *Extreme prostration.*—Ac.-Mur., Ars., Ac.-Phos.

6. *Pulmonary complications.*—Phos., Bry., Acon. (*congestion*).

7. *Putrescence.*—Carbo V., Ars., Rhus, Bapt.

8. *Convalescence.* — Ac.-Phos., Ac.-Nit., China, Sulph., Psorin.

Special Indications.—*Aconitum.*—Thickly-furred tongue,

foul taste, thirst; heavy, aching pain in the head; soreness and heaviness in the bowels and other parts of the body; exacerbations towards evening; the urine becomes dark and foul; the patient is restless, depressed in spirits, wakeful or drowsy, and dreams heavily in sleep. *Acon.* is of great service in the first stage, before the brain is much involved, and when severe febrile disturbance is present: but not afterwards, probably, except as an intercurrent remedy, and for inflammation or local congestion.

*Gelseminum*—Is specifically indicated when, from some great excitement or over-exertion, a typhoid state suddenly supervenes, with prostration of all the vital forces, and the patient experiences strange sensations in the head, with morbid condition of the motor nerves, manifested by local paralysis, or jactitation of certain muscles (*Hale*).

*Baptisia.*—Should typhoid symptoms appear, and there be difficulty in determining the exact nature of the disease, this remedy should be at once administered, and repeated several times. If improvement does not follow in a reasonable time, another remedy should be chosen.

*Hyoscyamus.*—*Severe pains in the head;* dull, distressed, or haggard expression of the face; dry and glazed brown tongue; sordes on the teeth, noises in the ears, deafness, and *aberration of sight*—the patient seeing double or treble; delirium, in which the patient frequently manifests a *desire to escape* from some imaginary enemy or evil. *Hyos.* is probably one of the best remedies in this disease.

*Belladonna.*—Great *cerebral congestion,*—bright-red, even bloated, face; *throbbing* of the temples and carotids; glistening and staring of the eyes; partial loss of the use of the tongue, so that the patient can scarcely articulate; much *thirst;* confusion of ideas; picking at the bed-clothes; furious *delirium.*

*Opium.*—*Stertorous breathing;* low muttering delirium;

stupor; dark-red face; hot and dry, or clammy, skin; thick brownish-coated tongue; complaint of thirst (if the patient can express his sensations).

*Ac.-Muriat.*—In an advanced stage this acid is sometimes capable of effecting a most beneficial influence; especially when there are,—complete loss of muscular power; extreme dryness and parched appearance of the skin, which is cold; quick, feeble pulse; low delirium; slavering; foul exhalations from the ulcerated throat; etc.

*Rhus Tox.*—Blackish-brown mucus on the tongue; thirst; bleeding from the nose; discharge of fœtid urine; involuntary, bad-smelling alvine evacuations; small and rapid pulse; stupor.

*Arsenicum.*—*Sunken countenance* and eyes; *dry*, cracked *tongue; burning thirst; involuntary diarrhœa.*

*Ac.-Nitric.*—This remedy has often a very salutary effect, and may be given occasionally throughout the disease.

Accessory Measures.—The points of greatest importance may be briefly summed up as follows: (1) The patient should be placed in a large, or at least in a well-ventilated, room, so as to secure a continuous and ample supply of fresh air. Cases occurring in close, crowded rooms, in which this prime hygienic condition cannot be secured, should be removed to a suitable place. (2) Frequent changes of personal and bed-linen, and changes of posture to avoid congestion and bed-sores: if bed-sores form notwithstanding, the patient should be placed on a *water-bed.* Directly there is the least indication of a bed-sore, the part should be coated over with a layer of flexible collodion. (3) The *wet-pack* (see Sec. 26) is a valuable measure, especially early in the disease, and when the skin is dry and hot. (4) Food or beverages should be given in small quantities at regular and frequent intervals, including water, milk-and-water, tea, broth, and beef-tea. It is extremely important that, from the first,

nourishment should be given regularly and persistently. The tendency to death is by Asthenia, and keeping that in mind, the patient should be frequently supplied with small quantities of very nutritious food. If prostration, feeble and irregular circulation, or complications indicate it, wine or brandy. In some cases in which patients obstinately refuse all food, or are unable to swallow, life is often saved by nutritious or stimulating enemata. (5) Quiet, in noisy streets stuffing the ears with cotton-wool; cleanliness; sponging the whole surface of the body and carefully drying at least once a day; and intelligent and unremitting watching. In no disease is careful nursing more necessary. See also the hints on nursing fever-patients in the following section, and the general measures described in Part II.

Preventives.—As disinfectants—fresh air, efficient ventilation, and cleanliness are of paramount importance. As additional means for avoiding contagion, but by no means as substitutes—white-washing with quick-lime, washing the wood-work with soap and water, repapering infected rooms, cleansing the linen in water to which chloride-of-lime has been added, and the use of *Carbolic Acid* in the water employed in sponging the patient,—five drops of pure acid to a quart of water. Without cleanliness and fresh air, vinegar, camphor, and other so-called preventives are useless, and only disguise noxious vapours. Persons in attendance on the sick should especially avoid the breath and the exhalations which arise on turning down the bed-clothes, as there is reason to believe that the poison of Typhus is mainly thrown off by the lungs and the skin. The volatile exhalations from these surfaces have the odour before described, and if not largely diluted by fresh moving air are extremely poisonous. Nurses should not be overworked, deprived of repose in bed, nor of daily out-of-door exercise. If there is any ground to fear an attack of Typhus, *Hyos.* and *Bapt.* are

probably the best preventives, with plenty of fresh air and wholesome food.

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## 40.—Enteric Fever—Typhoid Fever (*Febris typhoides*) —Gastric Fever.

Definition.—*Enteric fever* (so called from its chief pathological effects being evident in the bowels) is a continued slightly infectious fever lasting about twenty-eight days, often longer, with an eruption of a few rose-coloured dots on the chest, abdomen, or back, and attended with great *feebleness*, abdominal pains or tenderness, and *diarrhœa*, which increase with the disease, the discharges being copious, liquid, of a *light-ochre colour*, putrid, and often containing altered blood.

The word *Typhoid* (τυφος and εἶδος) signifies similarity to *Typhus;* but although the two fevers have many symptoms in common, *Enteric* is an essentially different disease, and there are several considerations which render it important to be able early to identify the variety we may be called upon to treat. Thus the *causes* of these fevers are different, and suggest sanitary regulations of an opposite nature. Enteric is less contagious than Typhus; the tendency to a fatal issue varying, the treatment must be regulated accordingly; and, further, if not early recognised, patients may persist in their usual occupations at a time when rest in bed would conserve the strength and moderate the progress of the disease. For the easy recognition of these fevers, we have given in a tabular form the chief differences on page 149.

Cause.—The poison of Enteric fever, according to Budd, Aitken, and others, does not *originate* in decomposing sewage, but is transmitted by the specific poison contained in the discharges from the bowels of the person infected with the fever, by percolating the soil into the wells which furnish

drinking-water, or by infecting the air through defective sewers or water-closets. To this hypothesis Murchison makes the following objections:—(1) There are many facts which show that Enteric fever often arises from bad drainage independent of any transmission from the sick. The danger arises when the drain becomes choked up, so that the sewage stagnates and ferments, and the transmission of the poison to a distance is impeded or arrested. (2) There are numerous instances of Enteric fever appearing in houses having no communication by drain with any other dwelling. (3) There is no evidence that the stools of Enteric fever are of such a virulent nature as has been stated. The attendants on the sick are rarely attacked. (Drs. Parkes and Wilson notwithstanding maintain that there is abundant evidence of the disease being so contracted.) (4) The fact that the prevalence of the disease is influenced by temperature is opposed to the idea that it depends on a specific poison derived from the sick; but is readily accounted for on the supposition that the poison is generated by fermentation or decomposition.

It is unnecessary here to discuss the question whether the poison of Enteric fever is sometimes generated anew by the decomposition of sewage-matter, or whether every case of this fever owes its origin to an ancestrally-descended and far-wandering germ, which has found an entrance, by some secret or obvious means, into the sewer or cesspool which is to form the nidus of the poison. The point is not sufficiently practical (although highly interesting) for exhaustive discussion in this Manual. The question that most concerns us is (whether of primeval origin or spontaneously generated by the putrescence of sewage), that the poison of Enteric fever is propagated by sewage and by sewage only, by its particles and gaseous emanations borne to us in air, or by those same particles dissolved in and polluting our drinking-

water. That the poison is thus conveyed all are agreed, and therefore all alike concur in the necessity for eliminating the poison from our air, our water, and our milk.[1]

The chief sources of water pollution, then, are the following:—(1) *Surface wells* which are supplied with water filtered through cesspools or adjacent churchyards, the nitrates of the soil imparting to the water deceptive sparkling and pleasant qualities; (2) the connecting of drinking-water cisterns with *the soil-pipe*, or the sewer by a *water-pipe*, which also serves as an air-shaft by which the sewer gases rise into, and are dissolved by, the water which we are about to drink; (3) *the pollution of the air of our houses* by sewage products, through openings delusively "trapped," but which pour their gases slowly into our chambers, which, by the rarefaction of the atmosphere, in winter especially, suck them in with great force. Extra fires and lights in the winter season, when outer doors and windows are closed, form a sort of pump, lessening the pressure upon the water-traps or the house-drain, and bring up the products of decomposition from the sewers. We too readily take for granted that the traps are air-tight and do not allow the gases to find ingress to our apartments. See also under *Prevention* of Enteric fever.

Symptoms.—These may be divided into (1) those of the *accession*, and (2) those of the *three weekly periods*.

Unless the poison is very concentrated, there is a period of *incubation*, varying from seven to fourteen days, after which the disease sets in slowly and insidiously. The patient becomes languid and indisposed to exertion; is chilly and unwilling to leave the fire; the back aches and the legs tremble; the appetite fails, and there are even nausea and sickness; the tongue is white, the breath offensive, and often the throat is sore; the bowels are generally relaxed; the pulse is quickened, and the sleep disturbed. These symptoms gra-

[1] See *H. World*, v. viii. pp. 218, 242, 265; v. ix. p. 192.

dually increasing, the patient has probably rigors, succeeded by heightened temperature, severe headache, and such muscular debility that he takes to his bed. This is the *accession*. The course of the fever may now be divided into three weekly periods (*Watson*).

1st Week.—The prominent symptoms are,—vascular excitement and nervous oppression, including a bounding pulse, 90 per minute, great heat of skin, thirst, and obscured mental faculties; the patient cannot give a coherent account of himself, complains of little except his head, and is usually delirious at night. The abdomen enlarges, is resonant on percussion, and there is tenderness or even pain on firm pressure, especially in the right *iliac fossa* near the termination of the small intestine, where a peculiar *gurgling* sensation is conveyed to the fingers on pressure, arising from the mixing of the gastric fluids.

2nd Week.—Debility and emaciation become very marked, the muscles wasting as well as the fat; the urine is scanty and heavy, being loaded with urea from wasting of the nitrogenised tissues. During the second week there is also frequently *Diarrhœa*, which generally increases to five, six, or even more evacuations in twenty-four hours. The *specific characters* of the evacuations are the following:—*Fluidity; pale-ochre*, or *drab colour; sickly, putrid odour; absence of bile;* and *a flocculent débris* of disintegrated glands of the ileum. This débris may be discovered by washing the discharges. It is also worth notice that often before a patient takes to his bed, or looseness of the bowels sets in, the fæces are of a *light-ochre colour*, and furnish the most marked of the *early* signs of Enteric fever.

3rd Week.—The debility and emaciation become extreme; the patient lies extended on his back, sinking towards the foot of the bed, without making an effort to change or preserve his position. There is a bright and pinkish flush of

the cheeks, which strongly contrasts with the surrounding pale skin; *sordes* occur on the mucous membrane of the mouth and lips; the tongue is dry and brown, or red and glazed, and often rough and stiff, like old leather; the urine is frequently retained from inaction of the bladder; the fæces pass without control, the tendons start from irregular, feeble contractions of the muscles; the patient picks vacantly at the bed-clothes, or grasps at black spots, like flies on the wing (*muscæ volitantes*), which appear before his eyes; he becomes deaf, no longer knows his friends, and on recovery will have little or no remembrance of anything that has at this time occurred, and in all probability his intellectual powers will be impaired for some time after convalescence.

In the majority of fatal cases, death occurs about the end of the third week; and it is a notable fact that there seems to be no relation between the general symptoms and the ultimate issue, rendering the disease one of great uncertainty and perplexity.

The Eruption.—From the seventh to the fourteenth day, the characteristic *eruption* generally begins to show itself, chiefly on the sternum and epigastrium, in the form of rose-coloured dots, which are few in number, round, scarcely elevated, and insensibly fade into the natural hue of the surrounding skin. The quantity of the rash bears no proportion to the severity of the disease. "This successive daily eruption, disappearing on pressure, each spot continuing visible for three or four days only, is peculiar to, and absolutely diagnostic of, Typhoid fever" (*Aitken*). The first crop of the eruption is rarely fully conclusive, but successive crops, even of not more than two or three spots each, remove all doubt. Although the rose-coloured rash is never met with in any other disease, yet we have treated cases of Enteric fever without being able to detect a single spot. Occasionally, also, very minute vesicles appear, looking like drops of sweat (*sudamina*), chiefly on the neck, chest, or abdomen.

TEMPERATURE.—The information afforded by the clinical thermometer in the *diagnosis* of Enteric fever is very important. In all the acute specific fevers the temperature is abnormally raised; in this, elevation is *gradual,* while in most others it is *abrupt.* During the first three or four days we have scarcely any symptoms to indicate the *invasion* of so serious a disease except a *gradual* elevation of the temperature; but if, on the fourth or fifth day, the maximum temperature attained during the twenty-four hours be not 103·5° or 104°, the disease is most probably not Enteric fever. And, further, if on the first or second day the maximum temperature reaches 104°, the disease is some other acute fever, as the temperature only *gradually* attains such a degree in Enteric fever. At the commencement, the diagnosis is difficult, inasmuch as the characteristic rash does not usually appear before the sixth, sometimes not till the twelfth, day of the disease; and, indeed, in children, cannot sometimes be observed at any stage. Temperature is also an important element in the *prognosis.* Thus we have great *variations* in the temperature in Enteric fever, being low in the morning, and attaining its maximum degree in the evening. The greater these fluctuations at the end of the second week, the more favourable is the attack, and the shorter will be its duration. If the temperature falls considerably in the morning, even though the evening rise is considerable, the prognosis is favourable. On the other hand, should the temperature during the second week remain continuously high, we may predicate a severe and prolonged attack. Again, probably the first indication of improvement in cases of persistent elevation of the temperature is a decline in the morning temperature. When such a decline occurs, especially if it be repeated on subsequent days, even though the maximum temperature reached in the evening remain the same, we may be certain that the fever has begun to abate.

It is true, a sudden fall in the temperature may be consequent on Diarrhœa and Hæmorrhage—probably the latter when it takes place suddenly; but, usually, other symptoms would indicate such an occurrence. Unlike Typhus, the decline of the temperature is generally gradual.

Dangers.—(1) *Hæmorrhage.*—This may occur from the ulcerated patches in the *ileum,* during the separation of the gland-sloughs, and may be either capillary or from the opening of a large vessel. The discharge of blood may be so great as to be immediately fatal by swooning, or it may be remotely fatal, by exhausting the patient so that he has no power to bear up against the fever in its subsequent course. Sometimes, without any escape of blood from the orifice of the bowel, the patient becomes suddenly blanched and dies in a swoon. In such a case a *post-mortem* examination finds the intestines distended with clotted blood. (2) *Exhaustion* from *profuse and persistent Diarrhœa,* in cases in which the affection of the mucous membrane has been very severe and obstinate. (3) *Perforation.*—The ulceration may extend till the coats of the bowel are perforated, and cause fatal Peritonitis: this may happen during the second or third week, or, more frequently, during prolonged and imperfect convalescence. The symptoms of this occurrence are,—a sudden pain and tenderness in the abdomen, with swelling, more or less nausea and vomiting, an altered expression of the features, and death in one or two days. (4) *Congestion.*—The lungs may become congested, giving rise to Bronchitis, Pleurisy with effusion, or Pneumonia; or latent tubercle may be called into fatal activity: in short, there is a tendency to congestion in the three great visceral cavities—the head, the chest, and the abdomen. (5) *Relapse.*—This is not unlikely to occur from inattention to diet, or from abandoning the recumbent posture too soon.

It will be inferred from the preceding observations that

this disease does not run a uniform course; indeed, cases have been recorded in which a fatal termination has been reached without the manifestation of any characteristic symptom. In our practice we have met with the greatest conceivable varieties, so that Enteric fever may be said to present, in the mode of its accession, in the course, gravity, and termination of the symptoms, so many forms, complications, and accidents, as to justify its being considered an *epitome of the whole practice of medicine.*

MORTALITY.—The Registrar-General's reports show that about 20,000 persons die annually of Enteric fever in this country, and probably 150,000 persons are laid prostrate by it. It proved fatal to the Prince Consort on the 14th December, 1861, twenty-one days from the commencement of the attack; and very nearly so to the Prince of Wales in December, 1871. Several members of the royal family of Portugal came to an untimely end by it, and also Count Cavour: but the death of the latter was accelerated by venesection.

TREATMENT.—Unless distance absolutely forbids it, the treatment of this disease should only be confided to a medical man. Before the true character of the fever is detected, the remedies prescribed in Section 44, on "Simple Fever," may be given.

EPITOME OF TREATMENT.—

1. *Invasive stage.*—Bapt.[1]

2. *Great prostration.*—Ars., Ac.-Mur.

3. *Excessive Diarrhœa.*—Ars.,[2] Ver.-Alb. (*involuntary*), Ipec., Carb.-V.

4. *Hæmorrhage from the bowels.*—Tereb., Ac.-Nit., Ipec.

5. *Complications.*—Phos., Bell., Opi., etc. See Sequelæ.

6. *Debility following.*—Ac.-Phos., Ign., Ferr., Sulph., China, Nux V.

[1] See *H. World*, v. v. 212; v. vii. pp. 45, 215. [2] V. vii. pp. 215, 275.

Special Indications.—*Baptisia.*—As soon as Enteric fever is suspected, this remedy should be administered,—one or two drops of 1x dil., or of the strong tincture, every two or three hours. This remedy is of great value, modifying, and even cutting short, the attack by destroying the poison in the blood. Its influence in this disease is comparable to that of *Acon.* in simple fever; but *Acon.* exercises little or no curative power in Enteric fever, which depends on the presence of a specific blood-poison, and requires the action of an antidote. Should, however, the administration of *Bapt.* have been much delayed, and the specific poisonous effects produced, other remedies must be resorted to; especially *Ars.* and *Rhus.*

*Arsenicum.*—Frequent, copious *Diarrhœa,* which may become *involuntary,* of drab or ochre-coloured evacuations; enlargement, sensitiveness, and gurgling of the abdomen; excessive *prostration; thirst;* nearly imperceptible, intermittent pulse. This remedy is of priceless value, and its administration should be persevered with even in the most disheartening cases. It may be alternated with

*Carbo Veg.*—Offensive smells from the patient, *fœtid* evacuations; also cold extremities, cold sweats, and rapid sinking.

*Mercurius.*—Greenish or yellowish evacuations, but less serious Diarrhœa than described under the previous medicines; thickly-coated tongue; copious perspirations.

*Belladonna, etc.*—When the brain is much involved, *Bell., Hyos.,* or *Opi.* is required. These remedies may be administered by inhalation from boiling water, to which a few drops of strong tincture have been added. See Sec. on Typhus fever.

*Terebinthina.*—Hæmorrhage from the bowels, and retention of urine.

*Acid.-Muriat.*—Great nervous depression; stupor; sinking down in the bed; putrid sore throat; etc. It probably ranks

next to *Ars.* in the gravest symptoms of low fever. For the throat it may also be used locally. *Ac.-Nit.* may also be of service in similar conditions.

*Acid.-Phos.*—Milder forms of Typhoid, especially for the nervous prostration; also after the severity of a bad attack has been moderated by other remedies.

SEQUELÆ.—During convalescence various affections are liable to arise, such as troublesome Cough, Indigestion, Headache, Deafness, etc. For these it is only necessary to suggest such remedies as are elsewhere prescribed. For *brain-symptoms,* Bell., Hyos., Zinc., Opi., Rhus; for *chest-symptoms,* Phos., Bry., Iod.; for *Indigestion,* Nux V., Carbo V., Ign., Merc. *Deafness* usually disappears with the *general nervous prostration,* under the use of Ac.-Phos., China, *or* Chin.-Sulph. China also moderates the *excessive hunger* often experienced during convalescence, and is especially useful if there has been much waste of the fluids of the body. Lastly, Sulphur aids the *recuperative* efforts of nature, and may be administered for some time after the more specific remedies are discontinued.

ACCESSORY MEASURES.—The following points require special attention in nursing fever-patients; the reader is, however, requested to study the more detailed hints on nursing the sick (Sec. 33), and the various accessory measures that are described in Part II. Persons having the charge of extreme cases of illness should be familiar with the several accessories there indicated, as their efficient carrying out is second only to the administration of medicine.

1. *The Apartment.*—The patient should, if possible, be placed in a large, well-ventilated apartment, provided with a window, door, and fireplace, so contrived as to allow of an uninterrupted admission of fresh air, and the escape of tainted air. A blazing fire also assists ventilation. The room should be divested of carpets, bed-hangings, and all

unnecessary furniture. A second bed or convenient couch should be provided, so that, by removing the patient to it for a few hours every day, the fever-atmosphere around his body may be changed. The light from the window may be subdued, and noise and unnecessary talking forbidden.

2. *Rest.*—The patient should be but little disturbed, and enjoy complete physical and mental rest during the whole course of the disease. The importance of this is proved by *post-mortem* examinations, which often show vigorous attempts on the part of neighbouring structures to limit, by union and adhesion, the results of perforation, obviously indicating the necessity of absolute rest throughout the disease (*Aitken*). Any efforts made when the ulcers in the *ileum* are healing might affect that progress unfavourably, and even re-excite that morbid action which ends in perforation.

3. *Cleanliness.*—The body- and bed-linen, including the blankets, should be frequently changed, and all matters discharged from the patient immediately removed. The mouth should be frequently wiped out with a soft, wet towel, to remove the *sordes* which gather there in severe forms of fever. The water may contain a little *Perfumed Carbolic Acid.* The patient's body should be sponged over as completely as possible at suitable intervals with tepid or cold water, as may be most agreeable to his feelings, and quickly dried with a soft towel. If necessary, the sponging may be done piece-by-piece, to avoid fatigue. *Carbolic Acid* may be added to the water,—three or four drops of the pure acid to a quart of water. Sponging the whole surface of the body with cold or tepid water should never be omitted in fever; it reduces the excessive heat, soothes the uneasy sensations, and is indispensable in maintaining that cleanliness which is so desirable in the sick-room. Water thus applied acts as a tonic, giving tone to the relaxed capillaries, in which the morbid action goes on. Frequent washing with soap and

water also tends to prevent *bed-sores*, by keeping the skin in a healthy condition. If bed-sores have formed, they should be protected by *Arnica-* or *Calendula-plaster*.

4. *Hydropathic Applications.*—In addition to the sponging and washing just recommended, we have found the *abdominal wet-compress* of great utility. See p. 103. It tends to diminish excessive Diarrhœa, checks the spread of ulceration of the *ileum*, and obviates perforation. Should lung-complications arise, the compress should be applied to the chest as well as the abdomen. During the early course of the fever, the *wet-pack*, described p. 100, is an invaluable application, and tends to give a mild character to the disease.

5. *Beverages.*—At the commencement of the fever, pure water, toast-and-water, gum-water slightly sweetened (one ounce of gum-arabic, half an ounce of loaf-sugar, one pint of hot water), barley-water, lemonade, or soda-water, is nearly all that is necessary. Cold water is an agent of supreme importance: it lowers the excessive temperature, and proves a valuable adjunct to the medicines prescribed.

6. *Diet and Stimulants.*—In a disease which lasts three or four weeks, sometimes five or six, in which the waste of tissue is great, and when common food cannot be taken, it is a point of high importance to supply the patient with appropriate nourishment, otherwise he may sink before the disease has completed its course. The following are points requiring attention. Patients are often unable to swallow or relish nourishment in consequence of the dry and shrivelled state of the tongue, when it will be found necessary to soften the mucous lining by putting a little lemon-juice and water, or other acceptable fluid, into the mouth a few minutes before food is taken. All the aliments given should combine both food and drink in a *fluid* or semi-fluid form, until recovery has fully set in. The digestive functions being more or less completely suspended, the nourishment given must be only

such as requires the simplest processes for its assimilation. The following are examples of this form of nutriment:—*Milk* (a most important article in the treatment of fever-patients), *iced milk, thin arrowroot with milk*; *wine-whey*, prepared by adding half a pint of good sherry to one pint of boiling milk, and straining after coagulation; *blancmange of isinglass or ground rice* (not gelatine); *yolk-of-egg*, beaten up with a little brandy, wine, tea, cocoa, or milk; *beef-tea and animal-broths* (a little thickened with well-cooked, old rice, vermicelli, isinglass, or a few crumbs of bread); and in some cases, *alcoholic drinks*. The addition of two or three grains of *pepsine* to each cupful of milk or broth facilitates its digestion. Fruits are generally inadmissible.

A little good wine with an equal quantity of water may be given every hour or two, according to the requirements of individual cases. *Effervescent* wines must be avoided. But the effects of the wine or brandy should be *carefully watched by the medical attendant*, and only given in proportion to the demands of the system, the bulk and force of the pulse being the main guides. Except in small quantities, stimulants are not required by children, nor by persons who can take a sufficient quantity of other kinds of nourishment, nor early in the disease. On the other hand, aged persons, and patients greatly prostrated, or with cold extremities and livid surface, almost invariably require alcoholic stimulants. Under any circumstances, if stimulants aggravate existing symptoms, their employment should be modified or altogether discontinued.

Further, nourishment should be given with strict *regularity*; in extreme and long-continued cases of prostration, every one or two hours, or even oftener, both day and night. Frequently the functions of digestion and assimilation are so greatly impaired, that the largest quantity of nourishment must be given to sustain the patient till the disease has

passed through its stages. Dr. Graves was so strongly impressed with the importance of nourishment in fevers, as to have said that he desired no other epitaph than that *he fed fevers.*

7. *Watching Patients.*—Fever patients should be attended and watched day and night. Their urgent and incessant *wants* require this, and their *safety* demands it. Instances have occurred of patients, in the delirium which so frequently attends severe fever, getting out of bed, and even out of the window, during the absence of the nurse, and losing their lives from injuries thus sustained.

8. *Moderation in Convalescence.* — Food should only be allowed in great moderation, and never to the capacity of the appetite, till the tongue is quite clean and moist, and the temperature, pulse, and skin have become natural. In Enteric fever, and in other conditions in which the bowels have been inflamed, this caution is especially necessary during convalescence. Solid food should not be given till the temperature of the patient in the morning and evening has remained, at least for two days, at about the natural point—98-99° F. The tongue may be moist and clean, and the appetite vigorous, but the Enteric ulcer yet unhealed. If the thermometer shows an evening temperature of about 101° F., with a morning temperature one or two degrees lower, solid meat might be sufficient to induce fresh irritation of the unhealed ulcer, fatal Hæmorrhage, or perforation. Not until the evening temperature has remained, for at least two successive days, below 99° F., can we be certain that the ulcers have healed, and that solid food may be allowed without risk. We have known solid meat given too early bring back the most severe features of the disease. If stimulants have been given they should be gradually withdrawn as the quantity of nutritious food is increased. Even when convalescence has somewhat advanced, moderation should still be exercised, as the appetite is often excessively craving.

9. *Change of Air.*—The salutary influence of change of climate and scene to persons who have suffered from a serious attack of fever can scarcely be over-estimated; and if the place or climate be intelligently chosen, the happiest results may be anticipated. After recovery from a serious attack of fever, the whole man becomes changed, and there seems to be a renewal of youth. Nothing gives such a beneficial direction to this change, or renders it so perfect, as a temporary removal to a suitable climate and locality. We fully endorse Dr. Aitken's statement—*No man can be considered as fit for work for three or four months after an attack of severe Enteric fever.*

10. *Precautionary Measures.*—To check the contagion:—(1) All discharges from fever-patients should be received on their issue from the body into vessels containing a concentrated solution of chloride of zinc. (2) All tainted bed- or body-linen should, immediately on its removal, be placed in water strogly impregnated with the same agent. (3) The water-closet should be flooded several times a day with a strong solution of chloride of zinc; and some chloride of lime should also be placed there, to serve as a source of chlorine in the gaseous form. (4) So long as fever lasts, the water-closets should only be used as receptacles for the discharges from the sick, and disinfected as directed above.

*Prevention of Enteric fever.*—Architects and builders should provide for the ventilation of every house-sewer, by a pipe running up sufficiently high, so as to prevent injury to the occupants of the upper stories. Where the waste-pipe communicates with the drains, sewer-emanations are absorbed by the water in the cistern, and foul air admitted into the dwelling.

The ventilation of sewers thus becomes a matter of great importance, for, on account of the lightness of sewage gas, hurtful results have been shown to arise where sewers and

drains are merely trapped, if provision has not been made for its escape at the highest outside elevation. At Croydon five years ago, at the Orphan Asylum at Beddington, and again at Eastbourne in 1868-9, numerous cases of Enteric fever occurred from the absence of proper sewer-ventilation. In some of these cases the sewers and house-drains have been found in good order and properly trapped; the water, also, was pure; the source of mischief being in the absence of outside ventilation for the house-drains. It cannot be too forcibly impressed upon architects and builders that sewage-traps are useless when the gas has reached a certain pressure, for it will force them. But with proper outside ventilation the communicating house-drains can never store in them as much sewer-gas as will suffice to force a properly made trap.

As to the regular *flushing of drains* which has been recommended, Mr. Chadwick writes:—Those who talk of drains or sewers being good which require to be regularly flushed do not know what good drainage is. Good tubular sewers or drains should be so constructed in size, form, and inclination as to run off water, and thus to be self-cleansing, and to be always clear of deposit.

There is an important fact connected with drainage, pointed out very clearly and forcibly by Mr. Chadwick to the Council of the Society of Arts, viz., that fresh human excretæ are innocuous. Noxious decomposition begins in about four days in the sewer tank. Then it is, and there it is, in the distant tank or sewer of deposit, that danger arises. Stagnant sewage is putrid, and kills fish; whereas fresh sewage from self-cleansing drains and sewers discharged into rivers feeds them and augments their numbers. Hence the most effectual course is not to combat with the gases when produced, but to prevent their production—to prevent the poison-pits, and the need of the various materials and services for guarding against them.

"I have stated," writes Mr. Chadwick, "that noxious decomposition usually commences in ordinary weathers in about four days. Not the chemist, but the horticulturist—not the druggist with his deodorisers, which commonly only mask, or at best mitigate, the mischief, but in rural districts the *gardener*—is the person who should be made responsible for removing daily, or every other day, by pump and hose, the contents of the sewer tank, and distributing it to a piece of ground properly trenched and prepared to receive it as manure. His skill as a gardener will be in distributing it in appropriate doses, sufficient for the soil to receive it without excess; and as to the quantities and modes of application, his best authorities will be those horticulturists—like Sir Joseph Paxton—who have paid special attention to the modes of feeding plants, and who have been the most successful in raising prize fruits. Decomposed manure, or putrid manure, is wasted manure, and the gardener's interest is in getting the manure in the ground whilst it is fresh, and before decomposition commences. If he applies the matter properly, not supersaturating the soil (on the erroneous intermittent system of treating sewage), but giving the liquefied manure in proportions adapted to its powers, and the feeding powers of the vegetation upon it, he will find less of space than is commonly supposed will suffice for the purpose, and prevent the escape, if not entirely prevent the development, of the noxious gases. Where solid manures could not be removed, instructions were given that the best and cheapest disinfectant and means of saving the manures was a covering of fresh mould. Instead of preparing the earth and taking it into the house for the reception of only one part of the house manure, it will be better, more speedy, and more simple and safe to take all the manures of the house at once—and before mischief begins—to the earth. The same principles that are applicable to the protection of the house are applicable to the protection of the town or the city. Sewers of deposit, and tanks or reservoirs containing decomposing sewage, are poison-pits, and they have to be guarded against, whatsoever may be the completeness of form and action of the house drains. With proper works, under competent agricultural engineers who have demonstrated them, of which there are examples in proof at Aldershot, at Bedford, and at Romford, the whole of the day's deposit may be on a sufficient portion of land, not in mechanical suspension, but in chemical combination, before nightfall, before decomposition, such as goes on in the sewers of deposit in London, can have taken place. I shall have more to say on this question, and shall now conclude by submitting again that the example should establish one general legislative measure of prevention—that every death from such preventible disease should be followed by a responsible official inquiry, by a competent officer of health, to ascertain what there may have been about the house or its vicinity to have caused the death, with authority to prevent further occupation, or to direct proper measures of protection, until the proved noxious condition has been removed."

## 41.—Relapsing Fever (*Febris recidiva*).

This disease—sometimes called *famine-fever*, and in Germany, *hunger-pest*—is not common in England, but has been epidemic in Dublin, Edinburgh, Glasgow, and Liverpool. In the latter part of 1870 it was very prevalent and fatal in Liverpool, Glasgow, and other places where overcrowding prevailed. It does not occur in tropical climates, or on the Continent, except in some of the German territories, and the Crimea, where it attacked our army during the Russian war. It has occurred also in North America.

Cause.—This is unknown; but its victims are almost universally in the lowest social rank—ill-fed, occupy crowded, filthy, ill-ventilated houses, and enjoy but few comforts. In the latter part of 1871 Relapsing fever again made its appearance in Liverpool, and spread rapidly in the crowded and dirty parts of the town. Indeed, it was almost limited to the class in which a single room serves as the abode of a family. It ranks next to Small-pox in contagiousness, the virus being communicated by the breath and exhalations. It is, however, seldom fatal, except in enfeebled and complicated cases. Typhus fever frequently accompanies or follows it.

Symptoms.—The seizure is sudden: there are rigors and headache even more severe than that of the invasive stage of Typhus, but the prostration is much slighter. There are, also, pains in the muscles and joints resembling those of Rheumatism. After a short time violent reaction sets in, with great heat of skin; headache, throbbing in the temples, intolerance of light and sound, and sleeplessness; anxious expression of the countenance; rapid pulse—110 to 140; white-furred tongue, thirst, and, perhaps, vomiting or even Jaundice. The temperature is from 102° to 107°; and at the height of the fever Delirium may occur. Sweating may

come on without relief. About the seventh day from the commencement the symptoms suddenly abate, the *crisis* being indicated by *profuse perspiration*. Sometimes a miliary eruption occurs; or Bleeding from the nose, Diarrhœa, menstrual discharge, or Hæmorrhage from the bowel; after a few hours there is an abrupt cessation of all bad symptoms; the patient feels much better, and appears to improve rapidly for four or five days; when about the seventh day from the last attack, or the *fourteenth* from the commencement, a *sudden*

*Relapse* occurs—a repetition of the first attack. Perspiration again comes on in from two to five days in favourable cases. The sweat has a very sour and peculiar odour. In other instances, however, uncontrollable vomiting, great thirst, very rapid pulse, Jaundice, Delirium, and death may terminate the case (*Aitken*).

*Sequelæ.*—The most common are Pneumonia, Bronchitis, Hæmorrhages, excessive rheumatic pains in the limbs; sometimes the kidneys are involved: the dangers are similar, in some respects, to those attending *Scarlatina.* A species of Ophthalmia is a frequent consequence. Abortion often ensues.

Treatment.—*Aconitum.*—Rigors followed by feverishness, especially in the first stage.

*Bryonia.*—Nausea, vomiting, and sensitiveness of the abdomen; sallow, anxious countenance; throbbing and heat of the head; rheumatoid pains; perspiration. It may follow *Acon.*, or be alternated with it. Dr. Kidd, who had great success in an epidemic of the disease in Ireland, relied chiefly on *Bry.*

*Arsenicum.*—In Liverpool, during the epidemic of 1870-71, *Ars.* was found of special value during the seizure in a large number of cases. *Nux V.* was given between the attacks. Where the rheumatoid pains were excessive, *Eup.-Per.* was very useful.

*Baptisia.*—Typhoid symptoms. Dr. Dyce Brown has found it to hasten the critical sweat, while *Acon.* was useless.

*Gels.*, *China*, and *Podoph.* are sometimes required. *Phos.*, or *Ac.-Phos.*, during convalescence.

*Prophylactics.*—*Camphor* and *Nux Vom.*

Accessory Treatment.—See pp. 112-15, 167-72.

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## 42.—Yellow Fever (*Febris flava*).[1]

This fever is a *specific* disease, and must not be confounded with fevers of a malarial type, or others in which yellowness of the skin, Delirium, etc., also occur. It is described as the *hæmagastric pestilence*, is *malignant* in character, *rapidly fatal*, usually happens but once to the same patient, is *contagious*, and chiefly endemic in low districts on the sea-coast, or along sluggish rivers. It has occurred (by importation) in Plymouth, Southampton, Lisbon, and other seaport towns; but has never been known to propagate beyond 48° north latitude, nor without a temperature of at least 72° Fahr.

Symptoms.—After a period of incubation of uncertain length—during which there may be merely a little depression, loss of appetite, and nausea—violent shivering and vomiting occur. The chill is rapidly followed by intense fever, rapid pulse, high temperature (101° to 106°), excruciating headache, backache, and pain in the limbs. Retention of urine, and costiveness are present. The countenance is sad or stern, and the mind is affected. In from twenty-four to sixty hours an abatement occurs, and good nursing leads to rapid recovery. But as there is great depression of the vital powers the time is critical. Voracious hunger, dyspeptic symptoms, wakefulness, a lemon tint in the eyes, and depressed mind are of ominous import. The *third stage* is one

[1] See *H. World*, v. ii. p. 168.

of collapse. This, the most fatal stage, is marked by increasing yellowness of the skin; burning pain in throat, stomach, and bowels; dark-coloured urine; diarrhœa; restlessness; Delirium; hiccough; and the much-dreaded *black vomit*, resembling coffee-grounds, or soot, or snuff, suspended in water: this condition is generally associated with *exudation of blood.* In an advanced stage *bloody furuncules* occur, or *Hæmorrhage from various parts or organs simultaneously;* the urine is albuminous or suppressed, coma and convulsions supervene, and the life of the patient is terminated by *exhaustion or syncope.*

Epitome of Treatment.—

1. *First stage.*—Camph. (*chills and shivering*); Acon. alt. Bell. every hour (*intense fever and pain in the head*); Gels. alt. Bry., unless fever be much reduced in twenty-four hours; Cimic. (*rheumatic pains in back, limbs, and head*); Ipec. (*nausea or vomiting*); Ant.-T., should *Ipec.* prove insufficient; China (*prostration after hæmorrhage*).

2. *Second stage.*—Ars. and Merc. *alt.* 2 hours; Coff. (*nervous and restless at night*); China.

3. *Third stage.*—Ars. and Crotalus (*alt. 2 hours, interposing only such remedies as are called for by urgent symptoms*).

4. *Prophylactics.*—Acon., Cimic., Bapt., Crude Charcoal, Hot baths.

Accessory Means.—The importance of cleanliness in so serious a contagious disease will be apparent. Discharges from the patient, and all soiled articles, should be quickly disinfected and removed, and the air of the apartment kept as fresh and untainted as possible. During the chill, a hot mustard foot-bath, repeated in a short time if necessary, often gives ease. A copious injection of warm soapsuds, to relieve the lower bowel, and frequent cold sponging of the whole body with tepid water acidulated with vinegar, to relieve the burning heat, are also advisable. The diet in this stage

should be a few water-biscuits, soaked in weak black tea. In the second stage, rice, milk, and arrowroot, may be added to the diet. In the prostration of the third stage, iced cream or champagne, beef-tea, and wine-whey may be necessary.

During the whole course of the fever, the patient must remain in bed, comfortably, but not oppressively, covered. When the heat of the skin is moderated, frictions with hot linseed, or sweet oil, or with dry mustard, are useful.

See also the Sections on "Jaundice" and "Enteric fever," especially the latter, under which will be found nearly all the information necessary.

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## 43.—Intermittent Fever (*Febris Intermittens*)—Ague.

Geographical facts, collected by medical writers from Hippocrates downwards, show that every country is unhealthy in proportion to the quantity of marshy or undrained alluvial soil it contains, the inhabitants of such districts dying often in the ratio of 1 in 20 instead of 1 in 38—the average mortality in healthy districts. The connection of a given class of disease—represented by Remittent and Intermittent fever—with marshy districts is now distinctly established and generally recognised (*Aitken*); also, *per contra*, the disappearance of this class of disease has always been in direct relation to the drainage and cultivation of the soil. Two centuries ago, Ague was a very fatal disease in this country. James I. died of it in 1625, Oliver Cromwell in 1658.

Definition.—Severe paroxysms of fever, characterised by a cold, a hot, and a sweating stage, between which there is a period of comparative health, when the patient is comparatively well.

Types.—There are three chief types: (1) *The Quotidian*, has a paroxysm daily, an interval of twenty-four hours,

and is most common in the spring; (2) *The Tertian*, has a paroxysm every other day, an interval of forty-eight hours, and is most frequent in the spring and autumn; (3) *The Quartan*, has a paroxysm every third day, an interval of seventy-two hours, and is most common in the autumn. The hours of the day during which the paroxysms occur are by no means uniform. The *tertian* is perhaps the most frequent, and has the most marked hot stage; but the *quartan* is the most obstinate. It is, however, remarkable as a general rule that the longer the cold stage, the shorter the paroxysm; and the shorter the interval, the longer the paroxysm. Thus the *quotidian* has the shortest cold stage but the longest paroxysm; the *tertian* a longer interval and longer cold stage with a shorter paroxysm; and the *quartan* with the longest interval has the shortest paroxysm. There is still another type in which, although there is an attack every day, those only resemble each other which occur on alternate days.

Laws.—Although at present ignorant of the physical or chemical nature of this *aërial poison*, we know that malaria obeys the following laws, which are worth remembering on account of their practical bearing:—1st. It spreads in the course of *prevailing winds*. It has always been observed that when the wind blows across malarious tracts of land, the disease spreads in the direction of the current; while the inhabitants of the opposite district escape. 2nd. Its progress is arrested by *water*, especially by *rivers* and large *running streams*. Thus persons on board ship, or at the side of water opposite to a marsh, are unaffected by it, although a favourable wind transmits the poison to a far greater distance by land. Water probably absorbs malaria; and it is a common opinion in India that water so charged produces periodic fevers in those who drink it. In like manner, thick *rows of trees* intercept the progress of the poison. 3rd. Malaria does not rise above the *low level*. It seems to be of greater specific

gravity than atmospheric air, its power diminishing as we rise from the surface of the earth. Persons occupying the upper stories of a house in an infected locality suffer to a far less extent than those living on the ground floor. 4th. It is most dangerous at *night*. It has been often observed that sailors who go on shore in the day-time, when off a malarious coast, do so without any bad results; but that those who remain on the shore during the night are almost invariably affected.

Symptoms.—These may set in suddenly, or they may appear gradually, until a regular paroxysm occurs. The *first stage* comes on with a feeling of debility, weariness, chilliness, and rigors; then follow sensations as of cold water trickling down the spine and a shivering of the whole body; the teeth chatter, the nails turn blue, and the whole frame trembles, often with such violence as to shake the patient's bed. The face becomes pale, the features and skin contracted, and the papillæ of the skin are rendered prominent, giving it the appearance described as *goose-skin*, such as may at any time be produced by exposure to cold. The countenance acquires an anxious expression, the eyes are dull and sunken, the pulse frequent and small, the breathing hurried and oppressed, the tongue white, and the urine scanty and passed frequently. After a time, varying from half an hour to three or four hours, the *second* or *hot* stage comes on with flushings, until the entire body becomes hot, with extreme thirst, full bounding pulse, throbbing headache, and restlessness, the urine being still scanty, but high-coloured. At length, after two, three, and even six or twelve hours, the *third* or *perspiring stage* succeeds, and the patient feels much relieved. Thirst diminishes, the pulse declines in frequency, and the appetite returns: at the same time there is a red deposit of *urates* in the urine. The perspiration first breaks out on the forehead and chest, and gradually extends over

the entire surface; sometimes it is only slight, but at other times it is very copious, saturating the patient's linen and bed-clothes. A paroxysm usually lasts about six hours, allowing two hours for each stage. The period between the paroxyms, as already explained, is called the *intermission;* but by an *interval* is meant the whole period or cycle between the beginning of one paroxysm and the beginning of the next.

Effects.—From the recurrence of internal congestions in each cold stage, the functions of the liver, bowels, and sometimes the kidneys, are disordered; the patient becomes sallow, his limbs waste, the abdomen is distended, and the bowels are constipated. The spleen is especially liable to be enlarged, sometimes attaining a weight of many pounds, when it can be felt externally. An enlarged spleen is popularly called *ague-cake.* "The heat-generating power of all victims to malaria is impaired; hence they suffer from atmospheric changes, of which healthy men take no note" (*Maclean*). Another result is extreme liability to repeated attacks; for the disease often leaves the body so enfeebled, that ague may be reproduced by agencies which, under other circumstances, would produce no ill effects. But some of the symptoms supposed to be due to malaria are the effects of over-doses of *Quinine or Arsenic,* and have received the designation of

Dumb-Ague.—Dr. Bayes has clearly shown that what Dr. Golding Bird describes, in his work on Urinary Deposits, as *Dumb-Ague* with its "sallow aspect, depressed health, and visceral engorgement," is now known to be no Ague at all, but is, in reality, slow *quinine-* or *arsenical-poisoning.* The over-dosing with *Quinine* or *Arsenic*—not the Ague—is "the poison which remains in the system, and is continuing its work." Indeed, this is proved by Dr. Bird's own experience, for he proposed to cure the so-called "Dumb-Ague" by eliminating doses of *Acetate of Potash* and small doses of

*Mercury.* In short, his teachings may be thus summarised: —*The most successful practice in the treatment of cases originally of Ague, where the patient has been slowly saturated with Quinine, consists in stimulating the liver by minute doses of mild mercurials, and the kidneys by mild diuretics, to enable them to eliminate and cast out the drug which has caused and is sustaining an artificial disease in the system.*

Causes.—Ague is called an *endemic* disease, because it is peculiar to a particular locality or country. The *exciting cause* is an exhalation of invisible particles from the surface of the ground, known by the term *malaria* or *marsh-miasma.* Fatigue, exhaustion, insufficient or improper diet, intemperance, exposure to night-air, and previous attacks of Ague, are *predisposing* causes.

Epitome of Treatment.—

1. *Palliatives, during paroxysms.*—Ver.-Vir., China (*chill stage*); Acon. (*hot stage*); Ac.-Phos. (*sweating stage*); also Chin.-Sulph., Carbo V., Eup.-Pur. The symptoms should also be mitigated as they arise, by imparting warmth during the cold stage, removing the patient's coverings and giving cooling drinks during the hot; and supplying him with *warm, dry* linen when the perspiring stage has passed.

2. *Curatives, during the intermission.*—China, Ars.,[1] Carbo V., Nat.-Mur., Ced., Nux V., Eup.-Perf., etc.

3. *Sequelæ.*—Merc.-Biniod. (*enlarged spleen*) internally and as an ointment over the gland; Phos. (*deranged liver, bronchial catarrh*); Ac.-Phos. (*prostration*).

4. *Overdosing by Quinine and Arsenic* (*Dumb-ague*).—Ipec., Carbo V., Ced., Sulph.

The *Curative* treatment is of the highest importance, the object being, not directly to arrest the paroxysms, but to bring about such a healthy condition of the system that the disease may gradually decline. Sometimes it is necessary to

[1] See *H. World*, v. ix. p. 227.

persevere for weeks with the appropriate remedy, and not to change it frequently, or at all, if the paroxysms occur at later periods of the day, and become less severe.

Special Indications.—*China.*—Recent cases, especially in aguish districts, when the symptoms are well defined, take place in the regular order, and with an intermission of comparative health. The symptoms are—*yellowish complexion;* drowsiness after a meal; sinking, empty sensation, without hunger, or hunger easily satisfied; soreness or *swelling of the liver or spleen;* watery, slimy, or bilious *Diarrhœa;* extreme sensibility to currents of air; depression and irritability. If preferred, a trituration of *Chin.-Sulph.* 1x may be used in grain doses; or four grains of *Quinine* with one drop of *Sulphuric Acid,* may be put into a four-ounce bottle of water, and a dessert-spoonful taken as a dose, every four or six hours, one being administered an hour before a paroxysm is expected. Should *Quinine* have been administered in excessive quantities, *Ipec., Ars., Carbo V., Ced.,* or *Nat.-Mur.,* may be substituted.

*Arsenicum.*—*Chronic Ague;* irregular forms, when the stages are not clearly marked, as in simultaneous or alternate shivering and heat, or internal shivering with external heat; *burning heat; insatiable thirst; great debility;* tenderness of the liver and spleen; nausea; *violent pains in the stomach;* great anxiety; *dropsical* tendency; also when *Cinchona* has been used in excess. In *Brow-ague* occurring in marshy districts, *Ars.* is also very efficacious. A dose every four hours between the paroxysms, if they occur daily, or once in six or eight hours if they occur every second or third day.

*Ipecacuanha.*—Nausea, Vomiting, and other *gastric disturbances,* occurring before and during chill and heat; thickly-coated, yellowish, moist fur on the tongue; cold hands and feet; great oppression of the chest.

*Cedron*—Is considered to be a true anti-periodic, and in

simple Intermittents is said to be infallible. It is also recommended for regularly-recurring paroxysms of Neuralgia.

*Nat.-Mur.*—Chronic Intermittents, with *bilious Vomiting before and during the chill;* great thirst; marked relief from perspiration; *blistered lips,* and *sores about the mouth.* It is in high repute in America, especially in chronic cases.

*Carbo Veg.*—Is recommended when the cold stage has greatly predominated. We have found it valuable in chronic cases, and have witnessed its power in preventing a recurrence of the disease. We have also proved it curative of the artificial disease induced by over-doses of Quinine—the *Dumb-ague* before referred to.

Accessory Means.—Removal to a healthy locality is one of the first and most essential points, and is often immediately attended by marked improvement. If compelled to remain in an aguish district, patients should not go out-of-doors in the evening, or too early in the morning—at least, not before taking breakfast; they should sleep in the loftiest part of the house. Sunlight and air should be freely admitted during the middle of the day, but night-air carefully excluded. Fatigue should be avoided; also sitting or standing in a current of air.

Diet.—On the days in which the fits occur, the food should be light, taken in small quantities, and great dietetic precautions observed until the paroxysms entirely disappear. Gruel, arrowroot, tapioca, sago, or corn-flour; mutton or chicken broth, or tender meat, may be taken in the intervals between the fits. Cold water *ad libitum.*

Preventives.—*China* morning and night during the prevalence of the disease in aguish districts. When compelled to be in a malarious atmosphere early in the morning or late in the evening, a good *respirator* should be worn; or, in the case of men, the beard should be cultivated. Immunity may

also be secured to a great extent by *keeping the mouth shut*, and breathing only through the nostrils.

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## 44.—Simple Continued Fever (*Febricula*).

The term *Fever* (from *fervere*, to be hot) includes various forms of disease in which there are,—shivering or chilliness succeeded by preternatural heat, quickened pulse, muscular debility, and general functional disturbance. This morbid condition accompanies many diseases as one of their phenomena, and is then called *Symptomatic* fever, as in Phthisis, abscesses, etc.; but under certain circumstances we meet with *Idiopathic* or *Essential* fevers, which are independent of any local inflammation, as Enteric and Typhus, which are the result of specific blood-poisons. Again, fever may be of an *ephemeral* character, dependent on some cause which is merely sufficient to produce febrile disturbance without further mischief, as *Simple Continued fever* and *Febricula*.

Symptoms.—Simple Continued fever is usually ushered in by chills, or alternate chills and flushes, followed by burning heat and dryness of the skin; full, quickened pulse; dryness of the mouth, lips, and tongue—the tongue being red or coated white; thirst; high-coloured, scanty urine; and Constipation. These may be accompanied by pains in the loins, Headache, loss of appetite, hurried breathing, Delirium, etc. Most of the symptoms are usually more severe at night. *Profuse perspiration*, bleeding of the nose, Diarrhœa or herpetic eruptions, are generally associated with the decline of the fever, and the patient is left weak, but otherwise well.

Duration.—This fever lasts from one to three days, or longer. When the symptoms disappear in twelve or twenty-four hours, it is said to be *Ephemeral*. But severe forms of the disease may be the precursors of *Typhus*, *Pneumonia*, *Acute Rheumatism*, etc.

CAUSES.—Great, sudden changes of temperature; damp linen or houses; poor or insufficient diet, or, on the other hand, overfeeding; inebriety; injuries; the action of small or uncertain quantities of specific poisons, as of Enteric or Typhus poisons; mental or bodily fatigue or excitement, or any circumstances which shock the nervous system. It may also be associated with various local or functional disturbances, as bronchial or gastric Catarrhs, Milk fever, etc.

TREATMENT.—*Camphor.—Sudden seizure of chilliness; shivering*, with lassitude, and general indisposition which has come on rapidly. Two drops of the strong tincture of *Camphor* on a small piece of loaf-sugar, or two or three pilules, repeated every fifteen minutes, three or four times.

*Aconitum.*—Alternate chills and flushes, hot and dry skin, sneezing, etc. A dose every two hours, or in urgent cases, every thirty or forty minutes, until the skin becomes moist and the pulse less frequent. Should the attack be one of *Simple* fever merely, this remedy will be rapidly effectual; if it be the precursor of a more severe disease, it is still the best remedy at this stage.

*Belladonna.*—Violent Headache; redness of the face; confusion of ideas; a wild, fiery appearance of the eyes; throbbing of the blood-vessels in the temples; wakefulness, nocturnal Delirium, or other cerebral symptoms. It may follow or be alternated with *Acon.*

*Bryonia.—Heavy stupefying Headache*, aggravated by movement, with a sensation as if the head would burst; Cough and oppressed breathing; oppression at the pit of the stomach, yellow-coated tongue, nausea, Constipation, brown or yellow urine; *shooting pains in the limbs;* irascibility.

*Arsenicum.*—Severe or prolonged cases of *Febricula*, with much prostration, especially when the symptoms have a *periodic* character, or occur in feeble patients.

If the symptoms do not yield to the remedies prescribed,

but increase in severity when they are expected to be declining, the case will probably prove to be one of Enteric fever.

Accessory Treatment.—The patient should be protected from too much light, heat, noise, company, too many or thick bed-coverings, and everything likely to cause excitement or prevent sleep. In the early stage of the fever, the adoption of the *hot foot-bath*, described p. 99, or the *wet-pack*, p. 100, often restores the equilibrium of the system, or, at least, hastens the cure. Water should be the principal beverage, given in small, frequently repeated draughts; it encourages perspiration, and promotes the favourable action of the baths just prescribed. In acute fever, cold water is like the "Balm of Gilead."

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## 45.—Remittent Fever (*Febris remittens*).

Definition.—Febrile phenomena, with exacerbations and remissions, the latter being less distinct in proportion to the intensity of the fever, which is *malarious*, and characterised by *great intensity of Headache*, the pain darting with a sense of tension across the forehead. It is accompanied by *functional disturbance of the liver*, and frequently *yellowness of the skin*. The *malignant local fevers* of warm climates *are usually of this class* (*Aitken*).

Symptoms.—In addition to those stated in the definition:—An attack may come on *suddenly*, or be gradually accompanied by the usual precursory chills. The hot stage, or period of *exacerbation*, commences before or about noon and subsides before night, or the reverse; there is much Headache, "a painfully acute state of every sense," and great throbbing in the arteries of the neck; also dry tongue,

excessive thirst, tenderness at the epigastrium, and pain in the region of the liver.

*Delirium*, preceded by distressing giddiness, is a frequent accompaniment; when these symptoms are very marked, or there is lethargy or Coma, a severe form of the disease may be expected; there is also sometimes Vomiting of colourless, bilious, or bloody matters. The paroxysms may terminate in from six or seven to thirty-six or forty-eight hours. Inability to sleep is most constant. The first exacerbation is the longest; but generally after twelve or sixteen hours the symptoms remit. The duration of the *remission* is as various as that of the hot stage; the second paroxysm is more severe than the first, and is not preceded by chills, etc., but the febrile phenomena are more marked. In bad cases there is Jaundice; typhoid symptoms supervene; black vomit, fœtid breath, Convulsions, and death follow. In favourable cases, the disease shows signs of decline after the fifth exacerbation.

The great difference between Intermittent fever and Remittent, consists in the fever being *entirely* absent during the interval in the former disease, whilst it is only *partially* so in the latter.

Treatment.—*The first and most immediate object of treatment is to reduce the force and frequency of arterial action during the paroxysm* (*Aitken*). This, to the homœopath, is equal to prescribing *Aconitum;* and though that remedy has no specific relation to the blood-poison itself, it is capable of effecting "the first and most immediate object of treatment."

Epitome of Treatment.—

1. *Precursory stage.*—Gels., Camph. (*chills*).
2. *Hot stage.*—Acon. and Bell.
3. *Advanced stage.*—Ipec. (*gastric disturbance*); Bapt. or Ars. (*typhoid condition*); Hyos. or Bell. (*Delirium*); Coff.

(*sleeplessness*); Opi. or Rhus (*Coma, or stupor*); Phos. (*Jaundice*); Ars., Arg.-Nit., or Verat. (*excessive Vomiting*, or *black vomit*, etc.).

4. *During the Remission.*—Quinine.

5. *Preventive.*—Gels.

See also "Jaundice," and "Enteric Fever." The "Accessory treatment" prescribed in the last-named disease is in most respects suitable to Remittent Fever.

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## 48.—Simple Cholera (*Cholera Simplex*)—English Cholera—Sporadic Cholera.[1]

Definition.—A disease accompanied by *Vomiting and purging*, the discharges being *bilious* (distinguishing it from malignant Cholera, in which the discharges are not bilious), and which, if unchecked, may be followed by *Cramps* in the stomach and bowels, and *collapse*. It occurs from occasional causes, and in single or scattered cases; hence it is called *sporadic*.

*Summer Diarrhœa*, by which is meant the Diarrhœa prevalent in autumn and in hot weather generally, is of the same character, and requires similar treatment.

Epitome of Treatment.—Camph. (*chills*); Ipec. alt. Coloc. (*severe griping or Cramps*); China (*simple diarrhœtic evacuations with griping*); Verat.-Alb. (*sudden and violent attacks of Vomiting and watery Diarrhœa, even with Cramps and collapse*); Iris Vers. (*bilious motions with colicky pains*); Ars. or Acon. (*collapse*).

For further details see Section on "Diarrhœa," from which it is distinguished by being not a local but a general disease.

[1] See *H. World*, v. v. p. 224; v. viii. p. 107.

## 47.—Asiatic Cholera (*Cholera Asiatica*)—Malignant Cholera (*Cholera pestifera*).[1]

In this disease, which resists the efforts of the old system, Homœopathy has won brilliant and undying triumphs. Its success in the prevention and cure of Cholera, and other violent diseases, has contributed greatly to its rapid spread in every part of the world. A Parliamentary return, dated May 21st, 1855, entitled "Cholera," testified that by the Homœopathic treatment of Asiatic Cholera in hospital, the death-rate was 16·4 per cent., while according to the aggregate statistics of the other (Allopathic) hospitals, it was 59·2 per cent.[2]

The history of Cholera furnishes a beautiful practical illustration of the worth of that fundamental principle of Homœopathy, namely, that we must ascertain the powers of medicines by testing them upon the healthy body, before they can be properly applied to the removal of disease. Possessed of this knowledge, a medical man can treat a perfectly new disease, or one with which he is totally unacquainted, the symptoms of which correspond with those of any medicine previously so tested. Thus Hahnemann, from a mere description of the symptoms of Cholera, and before he had seen a single case, selected from his Materia Medica those very remedies which have been so triumphantly successful in the hands of his disciples.

Definition.—Malignant Cholera, a *miasmatic* disease (often epidemic), *propagated* through the air, and *communicable* from one person to another, is usually ushered in by premonitory *painless* Diarrhœa, and accompanied by *sudden prostration*, tremors, dizziness, *spasm of the bowels and limbs*,

[1] See *H. World*, v. vi. pp. 192, 258.

[2] In an article of July 28th, 1866, entitled "Cholera in the Metropolitan Hospitals," the *Lancet* states, "It is a melancholy fact to record, but at the time of our last visit no case of undoubted cholera had recovered."

faintness, *profuse* serous (rice-water) or bloody *alvine discharges, Vomiting,* burning heat at the stomach, *coldness and dampness of the whole surface of the body, cold tongue and breath, unquenchable thirst,* feeble rapid pulse, extreme restlessness, oppressed breathing, *albuminous or suppressed urine,* blueness of the body, sunken and appalling countenance, *peculiar odour* from the body, *collapse,* and finally—unless reaction comes on—death (*Aitken*).

Cause.—Pathologists are not yet agreed as to the exact character of the *materies morbi,* but are unanimous in regarding the disease as a most serious one. In India and other Asiatic countries it is especially sudden and fatal.[1] Instances of death taking place in two, three, four, or more hours, are extremely common. The experience gained during former visitations of Cholera teaches us that it seizes the poor in a far greater proportion than the rich, that the most potent conditions favourable to its spread are poverty, overcrowding, filth, intemperance, and *impure water;* and that as we prevent the accumulation of filth, foul air, and other causes of general disease, and supply the people with wholesome food and pure water, so we render inoperative the powerful agencies by which this dreaded disease chiefly spreads.[2]

Epitome of Treatment.—

1. *Premonitory Diarrhœa.*—Rubini's Camph.[3]

2. *Invasive stage.*—Rubini's Camph., or Acon. (strong tincture in drop-doses).

3. *Fully developed Cholera.*—If Camph. be insufficient—Ars., Ver.-Alb., Cup.-Ac., Ipec., Ammon.-Sulph.

[1] See *H. World,* v. ix. p. 279.

[2] For a fuller discussion of the history, nature, and treatment of Malignant Cholera, including Dr. Rubini's success and the results of his plan as adopted in our own country during the epidemic of 1866–7, see *H. World,* v. i. pp. 129, 177, and v. ii. p. 214.

[3] Rubini's Camphor consists of equal parts by weight of Camphor and Spirits of Wine, 60° O.P.

4. *Collapse.*—Ars., Acon., Carbo V.

5. *Typhoid conditions.*—Phos., Ars., Carbo V., Ac.-Nit., Cup.-Ac.

6. *Convalescence.*—China, Ac.-Phos.

7. *Prophylactic.*—Camph., Cup.-Ac.

General Indications.—*Camphor*, at frequent intervals, directly the first symptoms of Cholera—Diarrhœa, chilliness, and spasmodic pains in the abdomen—are noticed. It is often sufficient to cure the disease *immediately* in that stage. Should the disease have much advanced before the use of *Camph.*, administer

*Aconitum.*—Dr. Hempel found this remedy eminently useful, during the first invasion of the disease, in restoring the pulse and rousing the vital reaction generally. The 1x, or strong tincture, should be given. Our own experience with *Acon.*, during the epidemic of 1866-7, when we prescribed it in several cases of Diarrhœa with great pain in the bowels, coldness of the body, and cadaverous appearance, fully confirms the foregoing statement.[1]

*Arsenicum.*—Cramps, Suppressed urine, and *sudden extreme prostration*, the last symptom being more marked than the profuseness of the discharges. A dose every thirty to sixty minutes.

*Veratrum.*—*Excessive Vomiting and Diarrhœa*, with Cramps.

*Cuprum.*—Cramps, and a cyanotic condition.

[1] As an illustration of the value of *Acon.* in Cholera, we mention the following facts from our own practice. In 1866 we prescribed, for a patient at a little distance, *Acon.* in a low dilution for severe pain in the abdomen. The medicine produced such striking results in his own case, that, having a large portion to spare, he gave doses of it to his friends when they suffered in a similar manner. Finding the remedy so useful in relieving acute pain, he asked us to give him a supply of it to keep in readiness. At this time Cholera broke out in the village, and, although he did not know the name of the remedy, he gave it to as many as he found suffering from Cholera, taking the pain in the abdomen as the indication for its use. Death from Cholera occurred in the village, but in every instance patients who had *Aconite* quickly recovered.

The remedies most suitable in Collapse and in the Typhoid Condition into which Cholera patients often pass, have already been indicated. For detailed symptoms, see the *Materia Medica*, and the Section on *Enteric fever*.

Accessory Means.—*Absolute rest* in the recumbent posture, from the very commencement of the Diarrhœa. A *hopeful and cheerful state of mind* should be fostered: a presentiment of death being unfavourable.

The sick-room should be warm but well ventilated; and the heat of the body maintained by friction, hot bottles, etc. Ice and iced water may be given freely; no food, much less stimulants; enemata of warm milk often repeated, though rejected, are beneficial. The return to ordinary diet should be slow. Evacuations, bedding, and clothing should be disinfected. See Section on Nursing.

Preventive Treatment.—When Cholera is epidemic, *Rubini's Camphor* should be taken once or twice a day, in doses of two or three drops on sugar. The *simple diarrhœa* which often precedes Malignant Cholera should be promptly met. *Camph.*, *Ars.*, or *Acon.* may be prescribed according to the indications.

Sanitary and Hygienic Measures.—The following excellent advice has been given, and should be adopted on the earliest indication of Cholera:—

The house should be well aired, especially the sleeping apartments, which should be kept dry and clean.

All *effluvia* arising from decayed animal or vegetable substances ought to be got rid of; consequently, *cesspools and dust-holes should be cleaned out, and water-closets and drains made perfect.* Disinfectants should be liberally used.

All exposure to cold and wet should be avoided, and *on no account should any one sit in damp clothes, particularly in damp shoes and stockings. Care should be taken to avoid chills or checking perspiration.* Clothing must be sufficient to keep the body in a comfortable and even temperature.

Habits of personal cleanliness and regular exercise in the open air should be cultivated; also regularity in the periods of repose and refreshment; anxiety of mind and late hours should be avoided.

The diet should be wholesome, and adapted to each individual habit. *Every one should, however, be more than ordinarily careful to abstain from any article of food (whether animal or vegetable) which may have disordered his digestion upon former occasions, no matter how nutritious and digestible to the generality, and to avoid all manner of excess in eating and drinking.*

Raw vegetables, sour and unripe fruits, cucumber, salads, pickles, etc., should not be allowed.

Wholesome varieties of ripe fruits, whether in their natural or cooked state, and vegetables plainly cooked, may be taken in moderation, by those with whom they agree.

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## 48.—Diphtheria (*Diphtheria*).[1]

Definition.—A specific, contagious, and sometimes epidemic disease, in which some morbid material has been received into the blood, and in which there is exudation of lymph on the lining of the mouth, fauces, and upper part of the air-passages, or, occasionally, on an abraded portion of the skin, attended with general prostration, and sometimes remarkable nervous phenomena.

As just described, it is a blood disease, manifesting local distinctive symptoms. It would be incorrect in theory therefore, and might lead to grave errors in treatment, if the constitutional disturbances were regarded as the effects of the physical changes about the throat, and so concentrating the attention on the tangible mischief, rather than attempting to cope with the whole systemic depression.

Symptoms.—Diphtheria is divisible into two classes, simple

[1] See *H. World*, v. vii. pp. 61, 125; v. viii. pp. 128, 153.

and malignant. In the *simple* variety, happily the most common, the symptoms are at first so mild as to excite little complaint beyond slight difficulty of swallowing, or pain in the throat, burning skin, pains in the limbs, etc., and is readily cured by one or more of the following remedies. *Malignant Diphtheria* is ushered in with severe fever, rigors, Vomiting, or purging, sudden, great prostration and restlessness, anxious countenance, etc., pointing to some overwhelming disease, under which the system is labouring. The skin is hot, the face flushed, the throat sore, and the mucous membrane bright-red; the tonsils are swollen, and grey or white patches of deposit appear on them, small at first, but gradually enlarging, so that one patch merges into another, forming a false membrane in the throat, rendering swallowing and even breathing difficult. In some cases, the false membrane has been detached, and after extreme efforts ejected, presenting nearly an exact mould of the throat. The exudation of Diphtheria may be distinguished from a slough by its easily crumbling, by the facility with which it can often be detached, and by the surface thus exposed being red, but not ulcerated. The false membrane looks like dirty wash-leather; and between it and the true membrane an offensive bloody discharge exudes, imparting to the patient's breath a most repulsive odour. The glands of the neck are always enlarged, sometimes pain is felt in the ear, and there is generally stiffness of the neck; the inflammation is liable to extend rapidly, in consequence of the continuity of the lining membrane of the throat with the mouth, nose, windpipe, and even the air-tubes of the lungs. If the disease progress, the patient passes into a stupor, and the difficulty of swallowing or breathing increases, till the false membrane is forcibly ejected, or the patient dies from suffocation, the exudation blocking up the air-tubes; or, more frequently, he sinks from exhaustion, similar to that observed in *Enteric fever*.

DANGEROUS SYMPTOMS.—Increased fœtor of the breath, a quick, feeble, or very slow pulse; persistent Vomiting; drowsiness and Delirium; bleeding from the nose; extension of the disease to the lining of the nose; dyspnœa; suppressed, or albuminous urine; increase of temperature.

DIAGNOSIS.—Diphtheria differs from *Croup* in several points: 1. There is a premonitory illness *without premonitory cough*. 2. The local inflammation begins in the pharynx instead of the trachea, although it may afterwards spread to the fauces, œsophagus, and *downwards* along the respiratory tract. 3. It attacks adults as well as children. 4. It is attended with extreme depression of strength, and in adults is usually fatal by asthenia, but in children sometimes by asphyxia, through obstruction of the larynx. 5. Diphtheria is distinguished by a false membrane; while tenacious viscid mucus covers the swollen membrane in Croup.

Some have thought that Diphtheria was only *Scarlet fever* without an eruption; but, although there is some analogy between these diseases, further investigation has shown that they are distinct affections. In Diphtheria, the fever is from the first of an asthenic type, whilst such a condition is an exception in Scarlatina. An attack of Scarlatina confers no exemption from subsequent Diphtheria, and *vice versâ*. The after-effects of Diphtheria are of a severe *nervous* character; those of Scarlatina involve mischief in the kidneys or the chest.

CAUSES AND MODE OF PROPAGATION.—Impure air, from *imperfect drainage*, living too near manure-deposits, slaughter-houses, or where animal substances are in a state of decomposition. It commonly occurs as an *epidemic*, and a solitary case may prove a focus for spreading the disease. The severity of the attack seems to depend as much on the health of the patient as on the character of the infecting source.

SEQUELÆ.—After a short period of convalescence—a few

days to one or two weeks—sequelæ are apt to arise, usually of disordered innervation, varying from defective nervous power in one or more sets of muscles, to a more or less perfectly defined *Paralysis*. Nerves about the throat, the seat of the local manifestations of the disease, are especially liable to suffer, causing chronic difficulty of swallowing, Hoarseness, etc. The most alarming is loss of nervous power of the heart, with feebleness of action, or, in extreme cases, complete cessation. But recovery from the sequelæ is not infrequent, though it is generally tedious.

Epitome of Treatment.—

1. *Mild cases.*—Acon., Bell., or Bapt., at the commencement; afterwards, if necessary, Merc.-Iod., or Ac.-Nit.

The treatment recommended in the Sections on *Quinsy* and *Croup*, is often sufficient in Diphtheria, if used early.

2. *Malignant Diphtheria.*—K.-Permang., Ac.-Mur., K.-Bich., Ars., Ammon.-Carb.

3. *Sequelæ.*—Phos.; Phyto.[1] (*Hoarseness, etc.*); Coni., Gels., Rhus, Sulph.; Dig. (*enfeebled heart*); China or Quin. (*debility*).

Special Indications.—*Belladonna.*—Mild cases rapidly recover, and more severe cases often yield under this remedy when perseveringly administered in the 1x dilution. Hughes recommends a freer resort to the aid of *Bell.*, but very properly adds, that if decided improvement have not resulted within forty-eight hours of commencing its use, or if the symptoms yield at first to the remedy, but soon return, there is no advantage in persevering with it.

*Acid.-Mur.*—Malignant Diphtheria, with foul, greyish ulceration of the throat, fœtid breath, and great general prostration. This remedy should be used in a low dilution, in frequently-repeated doses; and locally as a paint to the throat, or as a gargle, when the patient is able so to use it.

[1] See *H. World*, v. ii. p. 97; v. vi. p. 120; v. vii. p. 81.

*Merc.-Iod.*—This remedy has proved of great value in the disease, and should be administered as soon as any diphtheretic patches are observed in the throat, or swelling of the glands of the neck. Difficult swallowing, pain in, and swelling of, the salivary glands, and *putrid* sore throat, indicate this remedy. The 1x or 2x trituration is the strength on which we place the greatest reliance in this disease.

*Kali Permang.*—Malignant Diphtheria, with extensive swelling of the throat and cervical glands; pseudo-membranous deposit, partially or completely covering the fauces; obstructed swallowing; a thin, or muco-purulent discharge from the nose, excoriating the parts; thick, obstructed speech, and very offensive breath. "There is no remedy with which I am acquainted that will so rapidly and surely remove the offensive odour of the diphtheretic breath as the *Permanganate.* In this respect, the *Chlorate of Potash* closely resembles it" (*Dr. H. C. Allen*).

*K.-Permang., K.-Chlor., Condy's Fluid,* or *dilute Carbolic Acid,* should be used as a gargle or wash to the affected parts; or administered by *inhalation,* or the *spray-producer.*

*Baptisia* and *Phytolacca.*—Both these American remedies are strongly recommended in Diphtheria; the former has a more specific relationship with the blood-poison, and the latter with the local effects of the disease.

*Arsenicum,* in the last stages of the disease, is of immense value, particularly when the prostration of strength is very marked, or is increasing; when there are—œdema, putrid odour of the throat and air-passages, and tenacious fœtid discharge from the lining membrane of the nostrils.

*Ammon.-Carb.* is also a valuable remedy in malignant cases, and may be administered alternately with *Ars.*

Local Treatment.—In the commencement, a large, thick, hot poultice should be applied around the throat; but in advanced severe cases external applications are inadmissible,

as they rather tend to increase the œdema and extend the disease. The inside of the throat may be steamed with the vapour of water and Acetic acid (a wine-glassful of strong vinegar to a pint of water).

A very abundant and fœtid false membrane is liable to reinfect the system secondarily, and hence such solvents and deodorisers as *Ac.-Mur.*, *K.-Permang.*, *Glycerine*, *Ac.-Acetic.*, and especially *dilute Carbolic Acid*, are of the greatest value.

*Tracheotomy* is sometimes performed, but it can hardly be expected to save life, inasmuch as the disease and false membrane often extend down the trachea to the bronchi, beyond the reach of this operation. It is only permissible *in extremis*.

Warm Vapour.—The temperature of the room should be maintained at 68° Fahr., and the atmosphere made moist by the steam from a kettle with a long spout constantly boiling on the fire. Such an atmosphere is easily secured by forming a tent with blankets over the bed, and then bringing a pipe to convey the steam under it.

Warm Baths.—These are valuable accessories. The skin is hot and dry, the urine is often suppressed, the bowels confined, and thus the poison is retained in the system. Warm baths, and the free use of cold water as a beverage, often restore the functions of the skin, the bowels, and the bladder.

Ice.—If vomiting occur, constantly sucking small pieces of ice tends to allay it; it also affords comfort to the patient by checking the secretion of mucus, and, as a diluent, favours the action of the kidneys.

Diet, etc.—From the very commencement of the disease the strength of the patient must be well sustained by nourishment, and he must be urged to swallow it in spite of the pain which it occasions. Eggs beaten up in milk, or in brandy with water and sugar; beef-tea slightly thickened with rice or pearl-barley; arrowroot or sago, with port or sherry. Sudden, extreme prostration requires wine or brandy.

Children who persistently refuse to swallow, must have nutritive injections in bad cases. Dr. Kidd recommends the yolk of an egg beaten up with a table-spoonful of new milk, and two tea-spoonfuls of fresh essence of rennet, or an ounce of extract of beef with a scruple of pepsine. Injections (about one ounce at a time) should be commenced, if necessary, immediately the true character of the disease is recognised, and repeated every two to four hours.

Convalescence.—Much caution and patience are required during convalescence, as relapses are prone to occur. Nourishing diet, rest, and change of air, are of great utility. Nothing does so much good as a thorough change of air.

Preventive Measures.—The cesspools should be emptied, and if too small or defective, new ones built. The house, water-closets, and local drainage should be thoroughly examined, and imperfections scrupulously rectified: also, if necessary, chloride of zinc or of lime constantly kept therein, and thrown down the drains. All dust-holes and accumulations of refuse should be cleared away; while a plentiful supply of water should be kept in the house, and every room regularly well cleaned, whitewashed, and thoroughly ventilated.

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## 49.—Hooping-Cough (*Pertussis*).

Definition.—A paroxysmal cough of an epidemic and contagious nature, consisting of a series of short spasmodic, forcible expirations, followed by deep, prolonged inspirations, attended with a peculiar sonorous sound called the "hoop," "whoop," or "kink," the paroxysms terminating in expectoration or vomiting.

It is a disease of infancy and childhood, and in delicate or scrofulous constitutions is a distressing malady. One attack generally ensures immunity for the rest of life.

Symptoms.—Hooping-cough is generally preceded by a common cold—cough, feverishness, etc. After from seven to ten days of the catarrhal stage, the cough becomes louder, more prolonged, and assumes the characteristic convulsive character. Each paroxysm consists of a number of sudden, violent, and short *ex*piratory efforts or coughs, which expel so large an amount of air from the lungs that the patient appears on the point of suffocation: these forcible efforts are followed by a deep-drawn *in*spiration, in which a rush of air through the partially-closed glottis gives rise to the distinctive crowing or hooping noise. This *hooping* is the signal of the patient's safety, for when suffocation does take place, it is before the *crowing inspiration* has been made. During the paroxysms, the face becomes deeply red or black, and swells; the eyes protrude, and are suffused with tears; and the expression and appearance of the sufferer are such as apparently indicate imminent suffocation. The paroxysm terminates by the expectoration or vomiting of a considerable quantity of glairy, ropy mucus, almost immediately after which the child returns to his amusements, and appears quite well. The ropy kind of expectoration which follows the cough enables us to distinguish it from common cough even before the hoop has been heard. The attacks recur three or four times a day, or every three or four hours, or oftener; sometimes blood escapes from the nose, mouth, and even from the ears, during the fits.

Diagnosis. — It should be distinguished from "Laryngismus Stridulus" or "Spasmodic Croup." In Hooping-cough the "hoop" *follows* the cough; in Spasmodic Croup, it precedes it, when present; but cough is not an essential symptom of Laryngismus Stridulus.

Cause.—An unknown *materies morbi* acting in the body, transmitted by the air and by *fomites*,[1] and spreading by

[1] Hooping-cough was some years ago introduced into St. Helena, where it

infection. As an infectious disease, it is most dangerous to the unaffected when at the height of its development. A frequent source of infection occurs when there has been partial recovery followed by mild relapse, and the disorder is transmitted to others to be developed in its worst form. Grauvogl regards Hooping-cough as symptomatic of kidney-disease, and prescribes *Nux V.* (see his Text Book, vol. ii. p. 190).

Complications.—Hooping-cough may be complicated with Small-pox, Measles, Bronchitis, Pneumonia, Pericarditis, etc. It is therefore desirable that the chest should be examined occasionally during the disease by *percussion* and *auscultation*, especially in obstinate cases, so that any complications may be early met. Convulsions are liable to occur if teething be in progress at the time. If there exist a predisposition to Consumption, Hooping-cough may hasten its development.

Treatment.—The ordinary course of Hooping-cough—six weeks to three months, or much longer—may be greatly abridged, and its intensity moderated, by homœopathic remedies. As it begins with a common cold, medicines for its early treatment may be found in the Sections on "Cold in the Head," and "Cough."

Epitome of Treatment.—

1. *Premonitory febrile symptoms.*—Acon., Bell., K.-Hydriod., Ac.-Carbol.[1]

2. *Developed Hooping-cough.*[2]—Dros., Coral.-Rub., Ammon.-Brom.

3. *With gastric symptoms.*[3]—Ipec., Puls., Ant.-T., K.-Bich.

4. *With convulsions.*—Cup., Bell., Opi., Ac.-Hydrocy.

5. *With lung complications.*[4]—Acon., Phos., Bry., Ant.-T.

proved very fatal: the captain of a ship, having some children labouring under the disease on board, allowed their dirty linen to be sent on shore to be washed, and so introduced the disease among the inhabitants" (*Aitken*).

[1] See *H. World*, v. viii. p. 89. [2] V. viii. p. 117. [3] V. v. p. 90. [4] V. iv. p. 50

Special Indications.—*Aconitum.*—Dry, hard, or wheezing cough, with burning pains or tickling in the windpipe, most severe at night, dry heat of the skin, scanty, high-coloured urine, general febrile symptoms.

*Belladonna.*—Sudden, violent cough, *worse at night*, with *sore throat*, determination to the head, effusion of blood in and around the eyes, Epistaxis, etc. In the usual course of Hooping-cough it may follow *Aconitum.*

*Drosera.*—Hooping stage, with frequent and excessively severe paroxysms of hoarse, loud cough, sometimes with hæmorrhage from the mouth and nose; there may be no fever, or it may be intense, with perspiration, vomiting of food, water, or slimy mucus. *Drosera* is generally efficient in epidemic Hooping-cough, except in scrofulous children, who require professional treatment. A dose after every fit of coughing, till improvement takes place.

*Ipecacuanha.*—*Vomiting* of mucus or food and other *gastric* symptoms; sneezing; watery or bloody discharges from the eyes and nose; violent cough, which threatens suffocation.

*Veratrum.*—The mucous rattle begins low down in the chest, with tickling irritation, constriction of the larynx, fever, thirst, extreme *weakness, cold perspirations*, bluish face, protruding eyes, anxious expression, involuntary escape of urine or fæces during the height of the cough, and vomiting of large quantities of mucus at the end of the paroxysm.

*Cuprum.*—Violent forms of Hooping-cough, causing *Convulsions;* the body becomes rigid, the cough suffocating, and the breath nearly suspended during the paroxysms, which occur frequently, and are followed by vomiting, great prostration, and slow restoration.

*Opium.*—Irregular breathing, Constipation, *stupor;* also when a remedy, well indicated, does not produce the desired results. In the latter case a few doses will suffice.

*Phosphorus.*—Hooping-cough complicated with *diseases of the chest*, fever, pain, etc.

*Cina.* — Hooping-cough with *worm-symptoms* — paleness, picking of the nose, itching of the anus, irregular appetite, etc. *Cina* is often useful in alternation with *Bell.*, when there are symptoms of Water-on-the-brain.

*Sulphur.*—Hooping-cough on the decline; this may be recognised by the phlegm losing its tenacious character and becoming opaque. (See also *Puls.* and *Carb.-V.*)

Diet.—Light, digestible, nutritious food in moderate quantities; stimulants should be avoided. Indigestible, or too large a quantity of, food is almost certain to excite a paroxysm. Toast-and-water, barley-water, gum-water, or linseed-tea, varied to meet the patient's taste, are grateful and soothing. (See Sec. 24.)

Accessory Treatment.—It is necessary to treat children with great consideration, and to overlook many of their derelictions, as violent emotions, or fits of anger, add to the severity and frequency of the paroxysms. Infants must be constantly watched, taken up as soon as a fit comes on, and placed in a favourable posture. *Frictions* with olive oil, or simple liniment, over the chest and along the spine, for ten or fifteen minutes, morning and night, in a comfortably warm room without currents of air, are often of great efficacy. During fine, warm weather, the patient should be much in the open air; but damp, cold, and exposure to draughts should be strictly avoided. In obstinate cases, and in convalescence, *change of air*, if only for a short distance, proves very beneficial. If possible, mountain- or sea-air, or pure country-air should be chosen, as it acts favourably by removing irritation of the nervous system, and completing restoration.

## 50.—Mumps (*Parotides*).

Definition.—An epidemic and contagious affection of the parotid and salivary glands, more prone to attack children than adults, and seldom recurring in the same person.

Symptoms.—Swelling, heat, stiffness and soreness in one or both parotid regions, at the angle of the lower jaw, preceded by febrile symptoms. Sometimes one side, sometimes both sides, are affected; there is often considerable deformity, with difficulty and pain in moving the jaws. On or about the fourth day, in favourable cases, the inflammation and swelling reach their height, and by about the eighth or tenth day all traces of the complaint disappear. In Mumps the glands rarely suppurate.

Metastasis. — In some cases, as the swelling of the neck and throat subsides, the *testicles* in the male, and the *mammæ* in the female, become tender and swollen. Occasionally the metastasis is to the brain, and then the case becomes very serious. The transference of the disease from the part first implicated to the testicle, or mamma, is most likely to supervene from exposure to cold, or from cold applications.

Causes. — A specific morbid miasm, generated during peculiar conditions of the atmosphere, which spreads by contagion.[1] Cold and damp favour its appearance. It is also liable to occur during the course of severe fevers, in Cholera, and from large doses of *Iodine* or *Mercury*.

[1] The following fact, from Hooper, illustrates its direct propagation from person to person: a medical student had *Mumps* in London, at a time when his mother was staying with him. They remained in town till the swelling disappeared, and then went—a hundred miles into the country—home. There was no Mumps in that neighbourhood; but a fortnight after their arrival one of the children was taken with the disease, and it afterwards successively affected, at regular intervals of a fortnight, each member of a large family.

EPITOME OF TREATMENT.—

1. *Swollen glands; difficult mastication.*—Merc.-Cor., or, *in strumous patients*, Merc.-Iod.; a dose every six hours is usually sufficient. Phyto. is also valuable.

2. *Feverish disturbance.*—Acon.; two or three doses sufficient.

3. *Metastasis.*—Bell. (*brain*), Puls. (*testicles and mammæ*).

ACCESSORY MEASURES.—Exposure to cold or damp during the progress of the disease should be avoided; also cold local applications, for they favour the tendency to metastasis. Warm fomentations are beneficial, the parts being covered in the intervals with a silk handkerchief or with one or two thicknesses of flannel-roller. In mild cases a flannel-roller is the only local application necessary. Complete *rest*, both physical and mental, and liquid food, favour recovery. All excitement should be avoided.

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## 51.—Influenza (*Catarrhus Epidemicus*).

DEFINITION.—An epidemic disease, with special and early implication of the lining of the nose and upper part of the throat, lasting from four to eight days. One attack is not preservative against a subsequent one in another epidemic. Although it generally attacks the mucous membranes of the air-passages, yet it often locates itself in other tissues.

It was first called *Influenza* in the seventeenth century, in Italy, because it was attributed to the "Influence" of the stars, and this term has now passed into our nomenclature. It is supposed to travel from east to west, spreads rapidly and extensively, and rarely remains more than from four to six weeks in one district. It is most severe in low and insalubrious localities and at the early part of the visitation. In aged persons, and in others whose lungs have been previously

diseased, it is tedious, and sometimes fatal. "In the epidemic of 1847 it has been calculated that in London at least 250,000 persons suffered; in Paris, between one-fourth and one-half of the population; and in Geneva not less than one-third" (*Peacock*). The disease is not limited to man, but has been noticed in horses,[1] dogs, etc.

Diagnosis.—The symptoms differ from those of common cold chiefly in their sudden appearance and rapid extension among a population, their disconnection with either a low or a sudden variation of temperature, the great febrile disturbance which prevails, general prostration and nervous depression which accompany and follow the disease, and in their protracted duration. In many cases there is a herpetic eruption around the mouth.

Symptoms.—Chilliness or coldness down the spine, anxiety, feverishness, frontal headache, pains in the limbs and back, severe paroxysms of cough, nausea, loss of appetite, vitiated taste, aching pain and suffusion of the eyes, sneezing, thin, acrid discharge from the nostrils, and extreme muscular prostration. In short, all the symptoms which characterise *Gravedo*, *Coryza*, and *Bronchitis* respectively, are often present in *Influenza*.

Epitome of Treatment.—

1. *Uncomplicated Influenza.*—Camph., Acon.[2] (*chills*), Ars.
2. *With troublesome cough.*—K.-Bich.
3. *Tedious or imperfect recovery.*—Sulph., Phos., Ars.

Diet and Regimen.—Farinaceous food, and if there be great prostration, beef-tea, with *repose in bed*, or on a couch. In many cases, confinement in bed for a day or two is quite necessary for the safety of the patient, and *always hastens recovery*. The room should be warm, well ventilated, and the patient placed so as to avoid draughts. If there be much

[1] See account of the American "*Epizootic*" in *H. World*, v. viii. p. 41.

[2] See *H. World*, v. vi. p. 228

fever present, with loss of appetite, toast-and-water or barley-water will be suitable. For severe Cough, the air of the room should be kept moist by conducting into it the steam from a boiling-kettle by means of a tube, or by putting boiling-water into flat shallow vessels; also *inhalation* of hot vapour is useful (see "Inhalation," pp. 109–11). When the fever abates, a more generous diet should be allowed. If prostration be the predominant symptom, *Liebig's Extract of Beef* should be resorted to. After a severe attack, change of air, with walking- or horse-exercise, is very desirable. During an epidemic of Influenza, night-air is injurious.

Complications.—Should these arise, they must be treated according to their nature, as directed in other portions of this Manual. The most common are Cynanche, Pneumonia, Bronchitis, Diarrhœa, Dysentery, Erysipelas, and a low form of Arthritis.

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## 52.—Erysipelas[1] (*Erysipelas*)—St. Anthony's Fire.

Definition. — An inflammatory affection of the skin (*simple Erysipelas*) sometimes extending into the tissues beneath, with diffuse inflammation of cellular tissue (*phlegmonous Erysipelas*); and tending to spread indefinitely.

*Idiopathic* Erysipelas arises from constitutional causes, and generally affects the head and neck; *traumatic*, follows a wound or injury, and may occur on any wounded part.

Symptoms.—*Simple Erysipelas* is known by a spreading inflammatory redness of the skin, with considerable puffy swelling, tenderness, burning, painful tingling, and tension. The colour varies from a faint-red to a dark-red or purplish colour, becoming white under pressure, but resuming its former colour on the removal of the pressure. An attack is usually ushered in with shivering, languor, headache, nausea,

[1] See *H. World*, v. iv. p. 177; v. viii. p. 116.

bilious vomiting, and the ordinary symptoms of Inflammatory fever, accompanied or followed by inflammation of the part affected. When Erysipelas attacks the face, it nearly always commences at the side of the nose near the angle of the eye.

*Phlegmonous Erysipelas* is marked by a deeper redness, or it may be redness of a dusky or purple hue, which is scarcely, if at all, removed by pressure; the pain is burning and throbbing; the swelling is greater, and the surface irregular; and there is often deep-pitting upon pressure. Sometimes the swelling and disfigurement are so great that the features are quite obliterated, and the parts lose all resemblance to anything human. Delirium often occurs irrespective of any involvement of the membranes of the brain.

Dangers.—Erysipelas may prove fatal in the following ways:—(1) By *exhaustion:* the constitutional symptoms resemble those of Enteric fever, and the degree of blood-poisoning is great, although the local disease may be limited in extent. (2) By *obstruction to the air-passages:* the inflammation may lead to infiltration of the sub-mucous tissues about the windpipe, the opening into which may be closed, and the patient die suddenly of *apnœa.* The symptoms indicating this condition are—impaired respiration, slight lividity of the lips or finger nails, altered tone of voice, or Cough, etc. (3) By *coma,* from effusion within the cranium: this may arise from extension of the inflammation to the membranes of the brain.

Causes.—Exposure to cold; impaired digestion; wounds, particularly from dissecting and surgical instruments; badly-ventilated and over-crowded apartments; certain conditions of the atmosphere; and a morbid state of the blood from disease, the habitual use of stimulants, etc., and consequent debility. The tendency of this disease to attack different parts simultaneously, or by *metastasis,* furnishes evidence of

its origin in a vitiated condition of the blood. The chief *exciting* cause of Erysipelas is a recent wound, and the *predisposing* cause is inattention to hygiene, combined perhaps with a personal or family proclivity to the disease. An incautious use of *Arnica* we have repeatedly known to occasion an attack.[1]

Prognosis.—The simple or cutaneous variety is attended with much less danger than the phlegmonous: the idiopathic with less than the traumatic. It is also more serious when it occurs in an epidemic or endemic form. Mere extent of inflammation is not of so much importance as a high degree of blood-poisoning, combined with a rapid, weak pulse, a dry brown tongue, low muttering Delirium, and great prostration. When the disease attacks the head, unless it is controlled by skilful treatment, the membranes of the brain are in danger of being implicated. The disease in any of its forms is most serious at either of the extremes of life. Lastly, the habits and health of the patient, prior to the attack, greatly influence the result. It is especially fatal to drunkards and in broken-down constitutions.

Epitome of Treatment.—

1. *Febrile stage.*—Acon., Ver.-Vir.
2. *Smooth* (*non-vesicular*) *variety.*—Bell., Bry., Puls.
3. *Vesicular.*—Rhus,[2] Canth.,[3] Ver.-Vir.[4]
4. *Additional remedies.*—Apis (*puffy swelling*). Ars., Carbo Veg., Ac.-Nit. (*phlegmonous*). Lach., Ars. (*gangrene*). Sulph. (*chronic* or *declining*).

Leading Indications.—

*Aconitum.*—General fever, with local inflammation and tenderness. *Acon.* is mostly required before the rash appears, but may be given, if indicated, at any stage of the disease, for either *smooth* or *vesicular* Erysipelas.

*Belladonna.*—Cutaneous, bright-red inflammation, swelling,

[1] See *H. World*, v. viii. p. 46. [2] V. v. p. 83. [3] V. v. p. 136. [4] V. vi. p. 149.

and *non-vesicular* eruption. If there be *excessive* swelling *Apis* should be preferred. Violent headache, thirst, Constipation, and brown-red thick urine, indicate *Bell.*, also extension of the inflammation towards the brain, with Delirium, lethargy, or twitching. It may be alternated with *Acon.* early in the disease.

*Bryonia*, instead of *Bell.*, if the joints are specially affected.

*Pulsatilla*, if the disorder flies quickly from one part to another; Indigestion, after the eruption declines.

*Rhus Tox.*—*Vesicular* Erysipelas, whether on the face or elsewhere, with swelling and shining redness; great restlessness.

*Veratrum Vir.*—Is also adapted to vesicular Erysipelas, when accompanied by *cerebral disturbance.*

*Apis.*—Erysipelas with *acute œdema*, without the intense cutaneous inflammation indicating *Bell.*, or the disposition to form vesicles like *Rhus* (*Hughes*).

*Cantharis.* — Erysipelas with much irritation, burning, vesicles, and serous exudation.[1] Erysipelas from the use of *Arnica.*

*Arsenicum.*—Erysipelatous inflammation taking on a gangrenous character, when fresh patches appear as others decline; also when there is excessive general *prostration.*

Local Measures.—The natural functions of the skin should be promoted, and currents of air, or exposure to great variations of temperature, guarded against. In mild forms of the disease, no external applications are required; wet compresses, ointments, etc., are not only useless, but favour the spread of the inflammation. But when there is great heat or irritability of the skin, much relief will be experienced by dusting it over with dry flour, finely-powdered starch, or violet powder. Flour is also useful to absorb any fluid that exudes from the skin. When, however, inflamma-

[1] See *H. World*, v. vi. p. 149; v. viii. p. 70.

tory swellings are very tense and painful, warm fomentations may be first applied, and afterwards the part sprinkled over with flour or fine starch, or painted with collodion, if the inflammation is of limited extent, or any other suitable substance to keep out the air. If there is much œdema, moderate pressure should be maintained by the application of well-adjusted bandages. If matter forms, incisions are generally necessary to afford openings for its discharge; poultices are then to be applied, and afterwards bandages, to prevent the lodgment of matter. It has been recommended to circumscribe the affected part with a piece of caustic or a camel's-hair pencil dipped in *Iodine*. This, it is asserted, prevents the spread of the eruption. A lotion of *Ac.-Carbol.* and Milk (gtts. xxx. *ad* Oj) gives great relief. Sub-cutaneous injections of *Ac.-Carbol.* have been employed.[1] Lotions of, or painting with, *Verat.-Vir.* we can strongly recommend.

Diet.—Pure water, gum-water, or barley-water, with lemon-juice, to allay the thirst. Severe and tedious cases require essence of beef, or *Extract of Meat*, and even wine or brandy. Subsequently, a change of air, regular habits, and nourishing diet, essential in the after-treatment of all acute diseases, are necessary after severe Erysipelas.

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## 53.—Puerperal Fever (*Febris puerperarum*).

Definition.—A continued fever, occurring in childbirth, often attended with peritoneal inflammation, uterine Phlebitis, or other *local lesions*. The disorder is infectious, and has often appeared as an epidemic. Under allopathic treatment it is very fatal, but under homœopathic treatment it is rarely so.

Causes.—Instrumental or difficult labours, fœtid lochia, or

[1] See *H. World*, v. ix. p. 121.

decomposed clots of blood absorbed through slight abrasions in the utero-vaginal canal; decomposing fragments of retained placenta; *contagion.*

Epitome of Treatment.—

1. *Invasive stage.*—Acon., Gels.
2. *Cerebral disturbance.*—Bell., Stram., Opi., Ver.-Vir.
3. *Complications.*—Bry., Acon., Bell., Merc., Hyos., Stram., Ac.-Mur., Ars.

Accessory Means.—The patient must have perfect repose, and most attentive but quiet nursing; the apartment must be ventilated without exposing the patient to cold; nourishment should be given frequently in the form of warm rice- or barley-milk, or beef-tea. Warm fomentations. Disinfection of linen, discharges, and the apartment, should be attended to. An injection of dilute *Carbolic Acid*, or *K.-Chlor.*, will antidote offensive lochia. Dr. Macleod averted an expected fatal termination by injecting *Condy's fluid.*[1]

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## 54.—Puerperal Ephemera (*Ephemera puerperarum*).

Definition.—A fever of short duration, consisting of one or more paroxysms, which occur a few days after childbirth, attended with diminution of the milk and lochia, but *no local lesion.*

It appears about a week after delivery, rarely sooner, sometimes later; prevails in low, humid, marshy districts, where the population is sparse, or near stagnant ditches and pools; hence is malarious in its character.

Treatment.—The same as for *Intermittent fever.* (See Sec. 43.)

For *Detailed Indications* and further *Treatment* see the "Lady's Manual of Homœopathic Treatment."

[1] See *H. World*, v. ix. 248.

## CHAPTER II.

### General Diseases (*continued*) :—

### B. Constitutional Diseases.

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### 55.—Acute Rheumatism (*Rheumatismus acutis*)[1]—Rheumatic Fever.

Definition.—A specific febrile disorder, accompanied by acute inflammation of the white fibrous tissues,—ligaments, tendons, sheaths of tendons, aponeuroses, fasciæ, etc.—surrounding the joints, of which several are affected simultaneously, or in succession. The local symptoms are very erratic; the skin of the affected part is covered with a copious sour, sticky perspiration, containing lactic acid; and the blood has a large excess of fibrine, probably to the extent of thrice the normal quantity.

*Sub-acute Rheumatism* is the same affection in a modified form, often following upon the acute disorder.

Symptoms.—Acute Rheumatism is usually ushered in with febrile disturbances, followed by the local attack of inflammation of the fibrous structures about one or more of the larger joints—the shoulder, elbow, knee, ankle, the fibro-serous covering of the valves of the heart, the pericardial sac, etc. Exposed joints appear to be more prone to attacks than those that are covered, the larger more frequently than the smaller, and the small joints of the hands more frequently than those of the feet. Sprained or otherwise injured joints are particularly liable to suffer. The general febrile condition often precedes the local inflammation one or two days;

[1] See *H. World*, v. v. p. 248.

sometimes the general and local symptoms occur simultaneously, while in others the inflammation of the joints precedes the febrile condition. The affected joints are swollen, tense, surrounded by a rose-coloured blush, and acutely painful; pain is a more constant symptom than swelling, and swelling than redness. The pain has many degrees of intensity, is generally intermittent, abates somewhat in the day, but is aggravated at night, and in all cases is increased by pressure, so that even the touch of the medical attendant or nurse, or the weight of the bed-clothes, can scarcely be borne. Often the patient remains fixed, as it were, in one posture, from which he cannot or dare not move. The skin is hot, but covered with a sour offensive sweat, and so highly acid as to redden litmus paper. The perspirations, although unattended by immediate relief, are Nature's mode of elimination; for the pains are always aggravated, and the constitutional symptoms intensified, if they become suppressed. It is only when the perspirations lose their peculiar *sour* character that they become useless. The *urine* in acute Rheumatism is scanty, often resembling porter in colour, of high specific gravity, and deposits, on cooling, deep-coloured sediments of urates. The pulse is round and full, varying from 90° to 120°; the tongue loaded with a yellowish-white mucus; the head is but slightly affected. The usual absence of Headache or Delirium distinguishes acute Rheumatism from the continued fevers. Intense thirst is a common feature, the appetite is fastidious, and the digestive functions are seriously impaired.

"Such are the general and local expressions of a diseased state of the system in acute Rheumatism; and at the height of the disorder it is difficult to conceive a more complete picture of helplessness and suffering than that to which the patient is reduced. A strong and powerful man, generally unused to disease, lies on his back motionless, unable to raise his hand to wipe the drops which flow fast from his brow in the paroxysms of pain, or the mucus which irritates his nostril. Indeed, he is so helpless that he is not only obliged to be fed, but to be assisted at every operation of nature. The

sweat in which he lies drenched seems to bring him no relief; his position admits of no change. If he sleeps, it is short, and he wakes up with an exacerbation of suffering which renders him fretful, impatient, and discontented with all around him" (*Aitken*).

METASTASIS.—Rheumatism is usually *erratic;* it often suddenly quits one joint to appear in another, and then in another; afterwards travelling back, perhaps, to its original seat, the development of inflammation in one joint being often accompanied by its rapid subsidence in another, this alternation occurring many times during an attack. But the most serious metastasis is from the joint-structures to the pericardium or the valves of the heart. This complication may be expected in very severe attacks, in young persons, in women oftener than in men, in patients who have been previously weakened, and in persons troubled with irritability or Palpitation of the heart.

HEART-COMPLICATIONS. — When Cardiac inflammation arises, the patient's countenance becomes dreadfully anxious, the breathing distressed, and pain is complained of in the heart's region; also there is tenderness between and under the ribs, and there may be Palpitation or irregular action of the heart. The physical *signs* of *Pericarditis* may be detected by the stethoscope, and a distinct friction or *to-and-fro* sound like the rubbing of paper, owing to the roughening of the serous surfaces by effusion of fibrine. This sound may soon be lost, either from the opposite surfaces becoming glued together, or separated by serous effusion. If the amount of effusion be large, both the circulation and the respiration become seriously embarrassed, the heart beats tumultuously, the sounds become muffled, and there is increased extent of dulness in the heart's region. *Endocarditis* may arise, with Pericarditis or separately. The *symptoms* are similar to those of Pericarditis, but the physical *sign* is a *bruit.* In consequence of the extreme danger of these com-

plications, all cases of severe Rheumatic fever should be watched daily by a medical man, so that the signs and symptoms of heart-complications, which often come on insidiously, may be early recognised and met.

Rheumatism and Gout.—For a tabular statement of the differences between these diseases see Sec. 58 on Acute Gout.

Causes.—The *predisposing* cause is constitutional cachexia, which produces a morbid product in the blood, by some unhealthy assimilation. "The circulating blood carries with it a poisonous material, which by virtue of some mutual or elective affinity falls upon the fibrous tissues in particular, visiting them and quitting them with a variableness that resembles caprice, but is ruled, no doubt, by definite laws, to us, as yet, unknown" (*Watson*). These *materies morbi* with which the blood is loaded, constitute that predisposing cause without which it is probable the disease would never occur. Hereditary predisposition undoubtedly exists in many persons. The suppression of an eruption or rash, as Measles, or the sudden stoppage of Dysentery, may also act as a predisposing cause.

The *exciting* causes are—exposure to cold and wet, especially *evaporation* from wet or damp clothes, causing chill. This is no doubt an explanation why the disease is most common among the poorer classes of society, who cannot protect themselves so effectually as their wealthier brethren. The cold probably excites an attack of acute Rheumatism by arresting the secretory functions of the skin, by means of which, in health, morbid substances in the blood are often removed; now, however, the functions of the skin being deranged, unhealthy principles accumulate in the blood, and Rheumatism results. Mere cold, however, is not so much a cause of Rheumatism as extreme atmospheric vicissitudes. Hence it is found that it does not prevail most, abstractedly, in the coldest regions of the globe, but rather in those

climates, and during those seasons, which are damp and changeable.

EPITOME OF TREATMENT.—

1. *To cut short an attack.*—Acon.,[1] also the early use of the vapour, hot-air, or blanket-bath (see Sec. 26).

2. *Acute Rheumatic Fever.*[2]—Acon., Bry., Bell. Also the careful and continuous application of moisture and *warmth.*

3. *Complications.*—Cimic., Cact., Spig., Dig., or Ars. (*for the heart*); Colch., Coloc., Ran.-Bulb., Rhod., Rhus,[3] or K.-Hydriod.[4] (*for the joints*); Ac.-Nit. (*hippuric perspiration*).

4. *Sub-acute attacks.*—Rhus, Cimic., K.-Hydriod.

5. *Prophylactic means.*—Sulph., Acon., or Dulc. (*immediately after exposure to wet*, etc.). The morning bath; the use of warm clothing. Anointing with oil is also of great value to the susceptible, as it diminishes the rapidity with which heat can be thrown off.

6. *Rheumatic Gout.*—Colch., Puls., Coloc., Ruta.[5] (See also Sec. 57 on "Chronic Rheumatism.")

LEADING INDICATIONS.—

*Aconitum.*—Acute Rheumatism, especially at the commencement, *when the fever is high*, and there are violent shooting or tearing pains, worse at night, and aggravated by touch. Also swelling and redness of the affected parts, impaired appetite, high-coloured urine, etc. *Acon.* may be administered either alone or in alternation with *Bry.*, at intervals of one to three hours; or the latter may be administered in the day-time, and the former at night. Administered very early, *Acon.* is often sufficient to cure Rheumatism without the aid of any other remedy. It should be given in a low dilution.

*Bryonia.*—Lancinating or stitching pains, affecting the muscles rather than the bones, worse on *the least movement*,

[1] See *H. World*, v. ii. p. 154; v. iv. p. 198. [2] V. v. p. 278. [3] V. iii. p. 188. [4] V. vii. p. 78. [5] V. vii. p. 278.

but relieved by rest; also febrile heat, gastric derangement, profuse perspiration or coldness and shivering, and irascibility. *Cardiac, lung,* or *pleuritic complications* are but extensions of the rheumatic disease, and are not, therefore, necessarily indications for any change from *Bry.* or *Acon.* But it is sometimes necessary to change the remedy to *Rhus*, if the tendons become implicated, or to *Cactus* or *Spig.*, if the heart is specially involved.

*Belladonna.*—Frequent doses at night for *sleeplessness.*

*Sulphur.*—After the acute symptoms have subsided, to complete the cure and prevent obstinate sequelæ; when the constitutional predisposition is strongly marked; and as an intercurrent remedy. It is especially useful when the pains are drawing and tearing, *worse when cold*, and *better when warm.*

Diet.—During the fever the diet should be mainly restricted to water, milk-and-water, barley-water, gruel, and arrowroot, at least at first: afterwards, beef-tea, mutton-broth, etc. In Rheumatic fever, a strictly non-nitrogenous diet has been found very useful. By thus temporarily cutting off the supply of nitrogenous matter, which by imperfect oxydation causes acidity, the end sought in the allopathic treatment by alkalines and by blisters is obtained, and the natural process of cure assisted. But as this diet lowers cardiac power, it should be adopted with extreme caution, in very debilitated patients, and discontinued if not soon found beneficial.[1]

Hydropathic Treatment in the early stages of the disease is highly beneficial. Warm baths, hot-air baths, or hot compresses, are useful and comforting. *Spongio-piline*, made into gloves or caps for the hands, feet, elbows, or knees, or shaped to cover any large surface, is an excellent substance for conveying moisture to the part: the spongy

[1] See *H. World*, v. x. p. 37.

surface should be wetted, and every few hours re-moistened. *Wet-packings*, repeated as often as the fever returns, and enveloping the joints which are chiefly implicated, or even the whole body, with several folds of wet linen, are most useful adjuncts.[1] Except, however, when the skin is *hot and dry*, and temperature *high*, cold applications are contra-indicated, as, from the migratory character of the disorder, great risk would be incurred of repelling the poison into the circulating fluid, to settle possibly upon the heart or other internal part. Dr. Wilson Fox has tried with success, at University College Hospital, the following treatment, which has been found especially useful when the pains were excessive and the temperature high. The patient first received a vapour-bath, and then was thoroughly douched with water, commencing at a temperature of 90°, gradually cooled down to 40° Fahr.

Blankets in Rheumatism.—An invaluable adjunct to the measures already suggested is that of enveloping the patient in blankets and flannel. Bedding in blankets greatly reduces the risk of Inflammation of the heart, diminishes its intensity and danger when it does occur, and at the same time does not prolong the convalescence.

Bandaging the affected joints lessens pain, shortens the attack, and secures rest.

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## 56.—Muscular Rheumatism (*Rheumatismus musculorum*).

Definition.—"Pain in the muscular structures, increased by motion." The most familiar local varieties of this affection are Stiff-neck, Lumbago, and Sciatica. Muscular Rheumatism is rarely accompanied by redness, swelling, or other external symptoms.

[1] See *H. World*, v. ix. p. 278.

### (1) Stiff-neck (*Cervix rigida*)—Crick-in-the-Neck.

Definition.—A rheumatic affection of the muscles of the side of the neck, chiefly the sterno-cleido-mastoideus, which become rigid, hard, and swollen. The least attempt to turn the neck is attended with acute pain. Sometimes the Rheumatism extends to the articulations of the clavicle and intercostal muscles.

Treatment.—Acon. (*from exposure to draughts*); Dulc. (*from damp weather*); Bell. (*with tearing lancinating pains*). For other remedies, see "Lumbago."

### (2) Lumbago (*Lumbago*).

Definition.—Rheumatism of the sheaths of the fleshy mass of the lumbar muscles on one or both sides of the loins, extending often to the ligaments of the sacrum, the pain being aggravated by movement of the back, and by pressure.

Treatment.—*Rhus Tox.*—Lumbago from getting wet; increase of pains during repose, at night, on *first* moving the affected part, or on first getting up in the morning; rigidity; chronic Lumbago.

*Arnica.*[1]—Lumbago implicating muscles that have formerly been injured, as by over-lifting, a sprain, or a blow.

*Aconitum.*—Recent Rheumatism of the lumbar muscles, unassociated with injury.

*Cimicifuga.*—An excellent remedy in most cases, particularly if the sciatic nerve is at all affected.

*Phytolacca.*[2]—Excruciating pains suggesting renal inflammation.

*Ant.-Tart.*—Acute pain on movement, inducing nausea, cold perspirations, and occasional cramps.

[1] See *H. World*, v. iv. p. 198. [2] V. vii. p. 82.

### (3) Sciatica (*Ischias*).

Definition.—Rheumatic inflammation of the aponeurotic parts of the glutei muscles, accompanied by gradually increasing and intense aching, soreness, or darting pain, extending from the nates to the knee, and sometimes to the ankle. The patient is often obliged to walk very carefully, or is unable to move. Examination will probably discover no redness nor swelling anywhere, not even swelling or thickening of the nerve at the seat of pain, which is usually where a nerve branch passes through a fascia, or out of a bony canal, or lies superficially.

Treatment.—Acon.[1] (*recent inflammatory excitement in the nerve-sheath*), Coloc.,[2] Ars. ;[3] Rhus and friction, Cimic., Phyto. (*chronic*) ; Staph., Spig., Puls. For other remedies see under "Lumbago." Friction must be judiciously used, otherwise inflammation of the neurilemma may be set up.

Accessory Means.—*Liniments*, medicated with the same remedy as administered internally, or even simple *Olive Oil*, rubbed into the affected parts, are very useful. The frictions should be performed in a warm room, and currents of air guarded against. A *wet-compress*, simple or medicated, greatly assists the cure. In this and other varieties of muscular Rheumatism, rest and warmth are of great importance. The application of the common flat iron of the laundry, as hot as can be borne, with flannel between the skin and iron, is very valuable. In Lumbago, nothing is so instantaneously beneficial as strapping the back from the level of the "seat" upwards, in layers that overlap each other, with strips of adhesive-plaster, or warm plaster. A pad of flannel or of unbleached cotton-wool wrapped across the loins, next the skin, is very comforting. Where persons are very liable to Lumbago from

[1] See *H. World*, v. vi. p. 227. [2] V. vii. pp. 55, 277.
[3] V. viii. p. 240.

slight exposure to cold or damp, wearing a skein of silk round the waist is an excellent preventive. Generous, nutritive diet is desirable. Lemon-juice is a grateful and remedial beverage.

Rheumatism and Muscular Weakness.—Muscular Rheumatism is apt to be confounded with the painful muscular affections following prolonged or excessive exertion, or with the soreness or stiffness which occur during convalescence from any long illness, or accompany general debility. These affections are generally better after the repose of the night, but increase with fatigue; and the pain in the affected part is mitigated by relaxing or supporting it. The diagnosis is important, especially to medical men, because if we fail to prescribe appropriate medicines, nourishing diet, and proper rest and support to the weak muscles until they regain their tone, we shall fail to benefit the patient, who possibly in his contempt for medicine, as Dr. Tanner remarks, will hasten to try the good diet and pure air of some hydropathic establishment, and then circulate reports of his extraordinary cure, "after having been given over by the faculty."

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## 57.—Chronic Rheumatism (*Rheumatismus longus*).

Definition.—Chronic pain, with stiffness, swelling, and, possibly, distortion of various joints.

This is sometimes a sequel of the acute form of Rheumatism; at other times it is a separate constitutional affection, coming on quite independently of any previous attack. It is generally very obstinate, prone to recur, and is often worse at night. In time, the affected limbs lose their power of motion, and lameness results, the knee-joint being often affected; sometimes there is emaciation of the muscles; sometimes permanent contraction of a limb, or bony stiffness of

the joint. There is but little febrile disorder, no perspiration, and less swelling than in acute Rheumatism.

Treatment.—In the treatment of Chronic Rheumatism, dyspeptic symptoms, often associated with it, are primary considerations; and little hope of a cure can be expected till they are remedied. Suitable medicines will be found in the following list and in the Sections on "Acute Rheumatism" and "Dyspepsia."

*Rhus Tox.*[1]—When the sheaths of tendons, muscles, etc., are chiefly affected; the pains being worse during rest at night in the warmth of the bed, and on *first* moving, but wearing off with continued exercise. Creeping sensations also may be present. In rheumatic lameness generally, *Rhus* is often curative.

*Bryonia.*—Chiefly when the lower limbs are affected: severe pains down the calf of the leg; shining red swellings, with heat and dryness of the parts; pains aggravated by motion. Indigestion, Constipation, etc., are often associated with the disease.

*Aconitum*—Is often of service, and sometimes curative. It is more especially adapted to Rheumatism of the shoulder, and of the large joints generally, when there is no rigidity. Rheumatism of the heart, with Congestion and sense of anguish; and during febrile disturbance.

*K.-Hydriod.*[2]—Excruciating pains produced by the least variation or irregularity of motion; inverted hands; swollen, stiffened, almost immovable joints; slightest attempt to rise occasions torture in the lumbar vertebræ; *chronic* induration and enlargement of the glandular structures; affection of periosteum; syphilitic complications.

*Rhododendron.*—Rheumatic pains worse during rest, in the warmth of bed, and with every unfavourable change of the weather, especially during the prevalence of east winds. It

[1] See *H. World*, v. iii. p. 188. [2] V. iii. p. 253.

has cured cases in which there were swelling and redness of both the large and small joints, tension, and rigidity.

*Ledum Palustre.*—Predominant *chilliness,* associated with Rheumatism of the small joints.

*Dulcamara.*—Rheumatism from exposure to damp, with œdematous swellings, somewhat relieved by rest.

*Pulsatilla.*—When the knee, ankle, or instep, is affected; and when there are *fugitive* rheumatic pains in various parts of the body; especially in females with scanty period.

*Cimicifuga.*—Local forms of Rheumatism, Lumbago, pain in the side; also affections of the heart from Rheumatic fever. Wandering-rheumatism is also within the rôle of *Cimic.*

*Phytolacca.*—Very useful in chronic cases with stiff joints, and even loss of the use of the limb. When the periostial covering is implicated, *Phyto.* is strongly indicated.[1]

*Arnica.*—Stiffness in the large joints; tearing pains in the small, with pricking; sensations as if the parts were *bruised;* Rheumatism associated with a previous injury.

*Causticum* has been found useful in "Rheumatism of the joints with swelling and stiffness, contraction of tendons, shooting and tearing pains, especially in scrofulous patients."

*Mercurius.*—Puffy swelling of the affected parts; the pains feel as if seated in the bones or joints, and are increased by warmth, and at night; there are also chills, and *profuse perspiration,* which do not give relief.

*Sulphur.*—Either before or after the above remedies, as an intercurrent, or to complete the cure. It is especially useful in Rheumatism from hereditary taint, or associated with eruptions.

*Kali Bich., Bell., Coloc., Ranun.-Bulb., Mangan.,* and *Colch.,* may also be required.

Accessory Means.—Patients who are much afflicted with this complaint should if possible reside in a warm, *dry* climate.

[1] See *H. World,* v. vii. p. 82.

At any rate, such patients should wear flannel or other warm clothing, and guard against atmospheric changes. The feet should be protected from cold and damp. Wet compresses, covered with dry flannel, over the affected joints, are always useful. Sometimes warm baths, especially of salt-water, vapour, or hot-air, are most useful. To these means may be added friction with *Liniments* medicated with *Arn.*, *Rhus Tox.*, or other remedy indicated.

Lastly, the *diet* should be easy of digestion, as attacks are often occasioned by disorders of the stomach. Beer and strong wines should be avoided. *Cod-liver oil* should be given.

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## 58.—Acute Gout (*Podagra acuta*).

Definition.—A specific febrile disease, usually occurring in paroxysms at longer or shorter intervals, characterised by non-suppurative inflammation, with considerable redness of certain joints—chiefly of the hands and feet, and, especially in the first attack, of the great toe—with excess of uric acid in the blood. The disease is generally hereditary, and an attack is always associated with derangement of the digestive and other organs.

Symptoms.—As an acute attack of Gout is often occasioned by an excessive debauch, or over-fatigue, impairing the digestion, its onset commonly commences an hour or two after midnight, when Indigestion from a supper or late dinner arrives at its acme. Ordinarily a patient retires to rest in his accustomed health, but awakes early in the morning with severe pain, chiefly in the metatarso-phalangeal joint of the great toe, which on examination is found red, hot, swollen, and so exquisitely tender that the mere weight of the bed-clothes is intolerable, and even the vibration of a heavy footfall in the room causes great discomfort. The veins

proceeding from the toe become turgid with blood, and surrounded with more or less œdema. On the first accession of the pain there is generally cold shivering, which gradually subsides as the pain increases, and is followed by symptomatic fever. The patient is perpetually shifting his foot from place to place, and from posture to posture, finding no relief. At length, if suitable precautions are taken, and the foot kept in a horizontal posture, the pains subside in the early part of the day; but at evening an exacerbation takes place, which persists during most of the night, and subsides again towards morning, when sleep, with gentle perspiration, takes place. Sometimes the pains remit so suddenly that the patient attributes the relief to his having at last found an easy posture. The same series of symptoms recur, in a less severe form, for some days and nights, varying considerably in different cases, and being greatly influenced by the treatment adopted; and then the attack passes off, not to return for one, two, or after a first attack, perhaps for three years. After the lapse of years, however, the intervals between the attacks are liable to diminish until the patient can scarcely ever calculate upon being free. The joints of the fingers and toes become enlarged and disorganised by deposit, within and without the synovial cavity, of a white saline matter, commonly called "chalk-stones," but really *urate of soda.*

It is not uncommon, even in a first attack of Gout, for both great toes to be implicated, generally alternately, the inflammation rapidly subsiding in one joint to appear in the other, but sometimes simultaneously. In many instances, after first attacks, other joints—the instep, the ankle, the heel, or the knee—are affected at the same time; in rarer cases, some joints of the upper extremities.

Symptoms preceding an Attack.—Flatulence, Heartburn, *Acidity*, relaxed or confined bowels, and other disorders of digestion. In some patients the function of breathing is

implicated, or the liver deranged; in others the nervous system is involved, with Palpitation; or there may be alteration of the urinary secretion, or a crampy condition of the muscles. Such symptoms are no doubt consequent on the altered state of the blood, which always exists prior to the development of a gouty paroxysm. Should any organ or function be specially implicated, it is then termed *irregular Gout.*

### Differences between Gout and Rheumatism.

| GOUT. | RHEUMATISM. |
|---|---|
| 1.—In the earlier attacks, the *small joints* are affected, the metatarsal joint of the great toe being chiefly implicated. | 1.—The *large joints* are chiefly implicated, several being affected at the same time. |
| 2.—Rarely occurs *before* puberty, and generally not till from thirty-five to fifty years of age. | 2.—Generally *occurs in the young*, from twenty to thirty years of age, and often earlier. |
| 3.—Is more frequent in *men* than women, and in the latter rarely till after the cessation of the menstrual function. | 3.—Affects *men and women* equally. |
| 4.—Is often the punishment of an *idle*, luxurious, and intemperate life. | 4.—Is the lot of the *poor*, the hard-working, the exposed, and the ill-clad. |
| 5.—Is *strongly* hereditary. | 5.—Is but *slightly* hereditary. |
| 6.—Is associated with *chalk-stones* in the external ear, on the tops of the fingers, or other situations. | 6.—Is never associated with chalk-stones. |
| 7.—A fit of Gout often affords great temporary relief, so much so that patients are often sent to Bath to obtain one. | 7.—An attack of Rheumatism has not one redeeming feature in it, and patients are sent to Buxton to get cured, if it be possible. |
| 8.—Is confined to the *temperate regions* of the world. | 8.—Rheumatism appears to *prevail in all climates*, and has been called an ubiquitous disease. |

Causes.—Gout is undoubtedly hereditary, but it may be acquired. The experience of physicians largely engaged in treating the disease, proves that more than half the gouty patients can trace the disease to hereditary influence; and if the wealthy portion of the community only were included the proportion would be much greater. Large-built men, of a luxurious mode of life, particularly if addicted to indulgence in *wine* and *malt liquor*, and too much animal food, combined with too little exercise, are very liable to the disease, whether a predisposition has been transmitted or not. That wine and malt liquor have a greater tendency to the production of Gout than distilled spirits, is proved by its prevalence in those countries or cities in which these beverages are largely consumed, and its absence where distilled spirits are almost exclusively made use of. Thus Gout is more frequent in London, where porter and beer are largely partaken of, than in Edinburgh, where the favourite beverage is whisky. Gout is very common amongst brewers' men; also amongst ballast men employed on the Thames, who often drink from *two to three gallons of porter daily*. Gout prevails largely in Germany, and in most countries where beer is the ordinary beverage of the people. *Port-wine* has a marked reputation for causing gout; and sherry is by no means a harmless beverage. It is chiefly a disease of the *male* sex, although occasionally women of a robust and plethoric habit suffer from it, after the cessation of the catamenial function. That luxurious living and an inactive life are at least exciting causes of Gout seems evident from the exemption of working people in rural districts from the disease.[1] Even when the disease does occur in poor people, it is chiefly in persons who have previously lived fully and inactively, such as the servants of

[1] It has also been observed, that in a regiment of soldiers scarcely a case is found among the oft-drilled privates; whereas after attaining the rank of quartermaster, diminished exercise and stimulating diet induce the disorder.

wealthy families—butlers, coachmen, etc.—men who, as Sir Thomas Watson remarks, often live more luxuriously and idly than their masters.

The connection existing between Gout and convivial excesses is proved by the much less frequent occurrence of the disease consequent on improved habits in diet. The heroic appetites of our chivalrous ancestors, the bold barons of feudal times, who used to treat their guests to an ox roasted whole, and the suppers of Lucullus, are past and gone. We are less partial to animal food, our meals are shorter, our potations less deep, and as a consequence Gout has gradually declined.

Unless the gouty diathesis be very strong, the actual manifestation of the disease may generally be averted. Moderation in food and drink, physical exertion, and temperate and industrious habits of life, will secure exemption.

The influence of *lead* in the production of Gout Dr. Garrod believes to be considerable; he has observed that a large percentage of the gouty patients that came under his care in hospital practice consisted of painters, plumbers, or other workers in lead.

Among the *exciting causes* of Gout may be mentioned *Indigestion*, especially that form of it which favours the production of an excessive amount of acidity, and tending to the insolubility and deposition of the urate of soda in the tissues. During an attack of Gout, uric acid is said to be absent from the urine, the kidneys not excreting it; hence it collects in the blood, and may be detected by the microscope in minute crystals upon threads immersed in the serum, after the addition of a little Hydrochloric Acid.

*Season and climate* have much influence in exciting a paroxysm of Gout. First attacks are most common in spring; as the disease becomes more confirmed, an autumnal seizure is added; after the lapse of a long time, a fit may occur at any season, and at most irregular intervals.

EPITOME OF TREATMENT.—

1. *During an attack.*—Colch., Acon., Bry., K.-Hydriod., Apoc.

2. *External applications.*—Acetic Ac. *Formula.*—Ac.-Acet. Sp. gr. 1·044, ʒj., Spt. Vini. ʒvj., Aq. Dest. ℥vj. mix. Dr. Hastings recommends the inflamed part to be bathed with the lotion, and cloths saturated with it kept constantly applied, and covered with dry flannel. Acon. should be administered at the same time.[1]

*Lotions* of *Acon.*, or of any other drug, administered internally, are often employed with good results.

3. *Between the Paroxysms.*—Puls., Nux V., Merc.-Iod., Bry., Rhod., Rhus, Arn., Sulph.

LEADING INDICATIONS.—

*Colchicum.*—This remedy bears a homœopathic relationship to Gout, and is best administered in comparatively large and frequently-repeated doses, as follows:—Twenty drops of the strong tincture to a tumblerful of water, giving a dessert-spoonful every twenty, thirty, or sixty minutes, according to the intensity of the pain, and until it subsides. *Colchicum* is a drug used both in the new and in the old school of medicine, with this difference, that all the good effects of the remedy are secured by the small doses of the former, without any of the injury the larger doses of the latter entail. The following extracts from an author of each school will be read with interest:—

"There is one drug which has an undoubted influence in controlling gouty inflammation, and its action in articular Gout appears as marked as that of *Cinchona Bark* in the cure of Ague: this remedy is *Colchicum*. It signifies not what part of the colchicum plant is taken, whether the corn, the seeds, or the flowers, for the same principle pervades the whole plant; neither does it signify what preparations are made use of, whether the wine, the tincture, or the extract, provided equivalent doses be administered, for the effects of all are the same.

"*Colchicum*, as before stated, has a direct controlling power over the joint

[1] See *H. World*, v. iv. p. 74.

disease, and I cannot call to mind a single instance in which its influence was not well marked."—*Garrod.*

"In adopting *Colch.* as the remedy for the gouty paroxysms, Homœopathy may do something towards removing those inconveniences which beset its administration in the old school. Probably, all the bad effects which result from allopathic doses may be averted by a reduction of the dose. Should the pain recur in the same, or attack other joints, *Colchicum* should be resumed.

"In the interim, any medicine homœopathic to the general condition may be given, having especial regard to the digestive organs. *Puls.*, *Nux Vom.*, and *Merc.* are most frequently indicated; and sometimes the state of the circulation requires *Acon.*

"When the patient has passed through an acute attack, the morbid diathesis has to be corrected; and there seems no doubt but that in Gout the fault lies in the primary digestion.

"This part of the treatment is of paramount importance, and here Homœopathy comes to help us with its array of anti-dyspeptic medicines. I cannot enumerate these, or define the place of each: every case must be treated as an individual, and a remedy selected according to the character of the digestive derangement present. In confirmed Gout, Dr. Ackworth states that he has seen much benefit from the administration of *Sulphur.*"—*Hughes.*

Accessory Measures.—During an attack of Gout, the affected limb should be raised, so as to favour the free return of blood to the heart; the application of flannels wrung out of hot water, hot bread-and-water poultices, or *spongio-piline*, after immersion in hot water, often do good; or the *Acetic Acid lotion*, before recommended, may be used. In acute attacks, the patient should be restricted to farinaceous diet—arrowroot, tapioca, sago, bread, etc.—and milk; water, or toast-and-water, *ad libitum.* As the febrile symptoms decline, a more generous diet may be gradually allowed; at the same time, the patient should resume daily moderate out-of-door exercise as early as he is able.

Preventive Treatment.[1]—

1st. *A well chosen diet.*—This should include both animal and vegetable food, be adapted in quality and quantity to the ability of the stomach to digest, and at the same time

[1] The preventive measures recommended in the Section on "Calculus" should also be consulted.

furnish sufficient nourishment out of which pure blood can be formed. Soles, whiting and codfish; mutton, tender beef, fowl, and game may be eaten. Salmon, veal, pork, cheese, and highly-seasoned dishes are unsuitable. The consumption of animal food should be moderate, and acidity guarded against by avoiding pastry, greasy or twice-cooked meat, raw vegetables, highly-seasoned food, and anything likely to lead the patient to eat more than is strictly moderate. The wines most likely to injure are port, sherry, and madeira. If wine be taken at all, good claret, free from sugar and acidity, is best. When Gout attacks a patient early, entire abstinence from all alcoholic beverages is one of the most likely measures to check its future development; but aged persons, and others whose health has been much enfeebled, may be allowed a small quantity of stimulants, such as the particular circumstances of each case seem to justify. For, "although a plan can be sketched out which may apply to the majority of cases of Gout, still each case not only exhibits its own peculiarities, and becomes a separate study, but likewise demands, in certain respects, a separate treatment" (*Garrod*).

2nd. *Healthy action of the skin.*—This should be promoted by bathing, warm clothing, Baden-towels, bath-brushes, etc., for much excrementitious matter is got rid of in this manner. Friction over the whole surface of the body is extremely useful when exercise cannot be taken. The patient should be well rubbed with a flesh-brush, or with the hands, twice a day.

3rd. *Good habits.*—A life of indolence should be exchanged for one of activity and usefulness. Exercise, not severe or exhausting, should be taken *regularly*. Walking, so as to secure an abundance of fresh air, must ever be considered the best exercise, but it may be conjoined with riding. Without sufficient exercise, probably every other measure will be unavailing. Early and regular hours should be

adopted, and severe or prolonged mental application avoided. In some cases, removal to a warm and dry climate during winter and spring may ward off subsequent attacks.

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## 59.—Chronic Gout (*Podagra longa*).

Definition.—A persistent constitutional affection, characterised by stiffness and swelling of various joints with deposits of urate of soda.

Symptoms.—The deposits in the joints constitute the distinguishing feature; chronic stiffness and swelling of various joints, with pain, are considered as cases of Chronic Rheumatism. The original condition of the *Chalk-stone Deposits* is that of a liquid, rendered more or less opalescent from the presence of acicular crystals; as the fluid part is absorbed, the consistence becomes creamy, and at last a solid concretion is produced. When the effusion is confined to the cartilages, unless very excessive, the injury to the mobility of the joint is comparatively slight; but when the ligaments are infiltrated, they are made rigid, and the play of the parts is consequently interfered with. If a bursa has been infiltrated, the resulting chalk-stone is free and of uniform composition, but the distortion is considerable. The visible occurrence of chalk-stones is not constant, but when external deposits do occur in any patient, no possible doubt can exist as to the nature of the case, for, as the deposition of urate of soda in the tissues occurs only in Gout, its presence constitutes a pathognomonic sign (*Garrod*).

Epitome of Treatment.—

*Sub-acute Gout.*—Colch., Sulph.

*For the gastric symptoms.*—Ant.-C., Puls., Rob., Merc., Nux V., Sulph.

Leading Indications.—

*Colchicum.*—This drug exerts a powerful influence in diminishing the sub-acute inflammation in old-standing cases.

*Pulsatilla.*—*Wandering pains*, especially when those dyspeptic symptoms exist for which this remedy is suited.

*Antimonium Crud.*—Gastric derangements, white-coated tongue, nausea; pains increase after eating; gouty nodes.

*Nux Vomica.*—Sub-acute attacks brought on or aggravated by indulgence in wine, heavy suppers, or late dinners. Constipation, Piles, Spasms, etc., are additional indications.

Treatment of Gouty Deposits.—The following simple method Dr. Broadbent has found effectual:—Wrap the hands in linen or flannel dripping with water, warm or cold, and enclose them in a waterproof bag all night. This very speedily removes inflammatory stiffness, and, little by little, the concretions of urate of soda soften, frequently disappearing entirely. Dr. Broadbent has, in other cases, applied alkaline solutions, and water acidulated with Nitric Acid, to one hand, while water alone has been applied to the other, and has come to the conclusion that water is the agent in the process of removal. Urate of soda is soluble in a sufficient quantity of water. When once deposited round the joints it is extra-vascular, and not readily acted on through the blood, but water being absorbed by the skin effects its solution, and when dissolved it is carried away.

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## 60.—Cancer (*Carcinoma*)—Malignant Disease (*Morbus malignus*).[1]

Definition.—A deposit or growth of non-uniform cells which tends to spread indefinitely by infiltration into the surrounding structures, and in the course of the lymphatics

[1] See *H. World*, v. ix. pp. 129, 227.

of the part affected, to reproduce itself in remote parts of the body, irrespective of the tissue invaded, and to proceed to ulceration and ultimate exhaustion of the system.

Varieties.—There are several varieties of Cancer, but the principal are *Scirrhous, Medullary, Melanotic, Epithelial,* and *Osteoid.* The first two are by far the most frequent.

### Distinctions between Malignant and Non-Malignant Tumours.

Malignant or cancerous tumours differ from non-malignant in several important respects, chiefly in the following:—

| MALIGNANT TUMOURS. | NON-MALIGNANT TUMOURS. |
|---|---|
| 1.—Are of *constitutional* origin. | 1.—Originate in some *local error* of growth. |
| 2.—Are not surrounded by any cyst, but *invade the surrounding tissues* and convert them into a structure like their own. | 2.—Are limited by a cyst, and although they may *compress* they cannot *invade* the neighbouring tissues. |
| 3.—*Increase constantly* and often rapidly. | 3.—Have an *uncertain period of increase,* after which they may remain stationary. |
| 4.—Are attended with severe *pain,* which gradually increases in severity. | 4.—Are usually unattended with pain. |
| 5.—Extend to *remote parts* of the body, and reappear there chiefly in the course of the *lymphatic* glands. | 5.—Are local, and have *no disposition to spread* to distant parts of the body. |
| 6.—Are associated with an *impaired* state of the *general health* called the cancerous cachexia. | 6.—May impair or obstruct the functions of parts upon which they press, but such *inconveniences cease* when the tumours are removed. |
| 7.—*Return,* in the same or other parts, if extirpated, and prove fatal in the end. | 7.—If effectually removed do *not return* either in the same or in any other part. |

Constitution and Cachexia.—Cancer is in the strictest sense constitutional. By this we mean that a special constitutional condition precedes the formation of a local can-

cerous growth. It has long been believed that Cancer was hereditary, but recent investigations have shown this opinion to be unsupported by facts. The cancerous *cachexia* may be induced by excessive mental pressure, especially if associated with anxiety. Indigestion follows, with loss of nourishment, and the cancerous cachexia results. It is in the condition that *precedes* Cancer that we can effect the greatest good; for if we can lighten the pressure from the brain and the heart, prescribe rest and change, and correct the Indigestion by our remedies, we may probably avert the development of the cachexia. But when the cachexia exists, a trifling cause may act as an excitant; a gall-stone, or direct disturbance of the liver, may fix the disease in that gland, or a blow may determine the growth of *Cancer* in the breast. When once a true cancer-growth exists, the opportunity for *curative* treatment has probably passed, although much may be done to mitigate pain, improve health, and prolong life. "When a dyspeptic patient between fifty-five and sixty-five years of age becomes wasted and exhausted under mental strain, there is always danger of cancerous disease, and especially in the liver" (*Habershon*).

Treatment.—The treatment cannot be commenced too early, for cure involves the destruction or elimination of the morbid tendency. Whether or not there is any remedy known which is capable of this, is a disputed point. Many vaunted remedies have disappointed those who trusted in them, while others have failed in some cases though they were useful in others. We can assert, however, from our own experience in numerous cases, that the sufferings attendant on this malady may be greatly alleviated, and life prolonged, by the use of our remedies, even when it is impossible to effect a cure.

*Arsenicum.*[1]—In many cases in our own practice we have

[1] See *H. World*, v. iv. p. 100 ; v. vii. p. 274 ; v. viii. p. 89 ; v. ix. p. 84.

witnessed the priceless value of this remedy, in different attenuations, perseveringly administered, by its causing arrest of the growth, and the gradual dispersion of cancerous enlargements; these cases having been marked by the severe pain and the general cachexia of true Cancer. The utility of this drug is also often expressed by the restoration and maintenance of the patient's general health. *Ars.* in low dilutions, or *Fowler's Solution*, we have found most remedial.

*Hydrastis*[1] has been much extolled, and is undoubtedly useful when the Cancer involves the *glands* or the *uterus*. We use it both internally and externally.

*Conium*.[2]—Scirrhus of the *breast*, following a local injury.

*Carbo Animalis* has effected much improvement in the discharges of Cancer, and has also revived the *dormant energies* of the system.

*Thuja* may be chiefly depended on in the simpler varieties, as in *epithelial* Cancer.

*Aurum*.—Cancerous affection of the *bones*.

*Aconitum* (*Radix*).—The writer, in a recent case of Cancer of very virulent character, found the strong tincture of *Acon.* of more service than any other remedy. Its power in relieving the agonising sufferings of the patient was striking; even when *Opium*, *Morphia*, etc., by hypodermic injection, could not be borne, *Acon.* lulled the pain, calmed the nervous excitement, and procured that much-needed blessing—sleep. It was given at first in half-drop doses of the strong tincture, and gradually increased till two or three drops could be taken.

*Lapis Albus* has acquired some repute in uterine Cancer in the hands of Dr. Grauvogl.[3]

*Phos.*, *Bell.*, *Sulph.*, *Kreas.*, *Sepia*, *Secale*, *Iod.*, *Ac.-Carbol.*,[4] *Galium Ap.*,[5] *Hydrocotyle*, *Sang.*,[6] *K.-Brom.*, *Plat.*, and *Calc.*,[7]

[1] See *H. World*, v. v. p. 183; v. vi. p. 75; v. vii. p. 106; v. ix. p. 116.
[2] V. viii. p. 161; v. ix. p. 219. [3] V. ix. p. 274. [4] V. v. p. 226; v. vi. p. 28.
[5] V. viii. pp. 47, 69. [6] V. ix. p. 116. [7] V. ii. pp. 238, 283; v. vi. p. 28.

have each reputed virtues, but we have not had much experience with them in the disease.

Accessory Measures.—In ulcerated cancerous tumours, the fœtor may be greatly diminished, and the patient's and attendant's comfort promoted, by solutions of *Carbolic Acid*, used locally, and diffused through the room by the spray-producer; also *Condy's Disinfecting Fluid*, and the internal and external use of *Carbo Vegetabilis*, or *Charcoal*. *Charcoal poultices* are soothing. *Chlorate of Potash* in small crystals or powder may be sprinkled over open sores, and covered with a wet compress. *Glycerole of Tannin* and *Glycerole of Carbolic Acid*, mixed, are useful for uterine Cancer. Freshly-ground Coffee is a deodoriser.

Operative Measures.—Connected with Cancer, the consideration of extirpation by the knife is important, and an opinion as to its desirableness can only be arrived at by the nature and circumstances of each case. Life is undoubtedly sometimes prolonged by removal of a cancerous tumour, and although it return afterwards, the operation is now quite painless, and the addition thus made to life may be one of comfort and usefulness. There is also the chance that the tumour may not be Cancer, but a non-malignant growth which excision might cure. On the other hand, extirpation of the tumour cannot remove the true cancerous cachexia; a patient may sink under the operation—indeed, patients have sunk from operations for tumours that afterwards proved to be non-malignant. Excision with local anæsthesia has been successful when general anæsthesia was unadvisable.[1]

Preventive Means.—See under "Constitution and Cachexia," p. 237.

[1] See *H. World*, v. ix. p. 246.

## 61.—Syphilis (*Syphilis*)—Venereal Disease.

Definition.—A specific ulcer or chancre, produced only by contagion, generally from impure sexual connection, which poisons the blood and induces successive groups of morbid phenomena for an indefinite period.

*Primary Syphilis* is the name given to the disease while limited to the part inoculated and the lymphatic glands connected with it.

*Secondary* or *Constitutional Syphilis* describes the disease when it affects parts not directly inoculated.

In these two stages the disease is contagious.

*Tertiary Syphilis* is a term sometimes used to express symptoms which arise later in the disease, after an interval of apparent freedom,—tissue changes resulting from tainted blood.

The primary stage of this disease is more prolonged than that of any other specific fevers. "As is the case in the other Zymotic diseases, the poison of Syphilis is one which possesses the power of breeding in the patient's body, and the smallest possible quantity of virus suffices in due time to inoculate all the solids and fluids of the system. The time required, however, is much longer, and the *stages* are much more protracted. Instead of counting by days, we have to count by weeks and even months. It follows that because the disease extends over years, its subject is often not incapacitated by it for social life; many, whilst still infected, become parents, and transmit their own taints to their offspring" (*Hutchinson*).

Symptoms.—In *Primary Syphilis* a small red spot grows into a nearly round Ulcer, having hard clearly-cut edges, and a greyish base. This Ulcer discharges, and often gives rise to the secondary form. The lymphatic glands in the locality of the Ulcer become hard, without much inflammation or

tendency to suppuration. A febrile condition, never severe, accompanies these changes, while there is generally an enlargement of the lymphatic glands in all parts. *Secondary* symptoms include eruptions of a copper colour; Ulcers in the tonsils; skin eruptions, or growths of a warty character; Inflammation of some of the membranes of the eye; pains in the bones and joints; febrile disturbance; Alopecia; etc. In the *Tertiary* form there are Ulcerations of the mouth and throat, tending to spread; Ulcerations on the skin; diseases of the periosteum, cellular tissue, muscles, tendons, bones, etc.

*Diagnosis.*—The skin is the favourite seat of the first manifestation of constitutional Syphilis, as it is the most superficial of tissues, and the effects of the disease gradually appear in the deeper. Antecedent or concomitant symptoms, and some slight points of colour and form, usually enable us to make the diagnosis, which is a matter of vital importance. The great chronicity, the tendency to relapse, the dull coppery hue, rounded form, proneness to appear on the face, and absence of itching, may be taken as diagnostic. The concurrence of periosteal pains, Sore throat, or Iritis, makes the nature of the case quite certain. Tenderness on and under the sternum is often present, and has been said to be pathognomonic. Polymorphism, or variety of forms, also characterises the syphilitic rashes (*Mapother*).

Epitome of Treatment.—

1. *Primary Syphilis.*—Merc.-S., Ac.-Nit., Merc.-Cor., Thuja, Ars.-Iod., Sulph.

2. *Secondary Syphilis.*—Ac.-Nit., K.-Hydriod., Merc., K.-Chlor., Ars., Aur.

3. *Tertiary Syphilis.*—K.-Hydriod., Aur., Phos., Ac.-Phos., Ars.

Strict cleanliness is indispensable.

Prompt professional homœopathic treatment at the outset is generally successful in eradicating the disease; and in the later stages professional skill is no less important.

## 62.—Lupus (*Lupus*).

DEFINITION.—A spreading tuberculous Inflammation and infiltration of the skin, usually of the nose or face, tending to destructive Ulceration, chiefly affecting women of a strumous constitution.

SYMPTOMS.—Lupus "begins either as a shining, soft, circumscribed swelling of the skin, usually on one ala of the nose, which ulcerates; or else as a mere crack or small excoriation, covered with a thin scab, under which it slowly spreads. When the scab is removed, the discharge, which is scanty and viscid, soon dries and forms another large one. The Ulcer is constantly spreading in one direction, and healing in another; it may last for years, and wander over the whole face, completely destroying perhaps the alæ of the nose, or the eyelids, but in other parts not penetrating the entire thickness of the true skin. The cicatrix is excessively irregular and shining, of a dense whiteness, causing perhaps eversion of the eyelids and distortion of the features; in some parts it feels soft and pulpy. The cause and pathology of this affection are unknown."

TREATMENT.—*Arsenicum.*—This is the chief remedy, and by its persevering use, both internally (in various dilutions) and externally, we have witnessed most unpromising cases cured, or greatly benefited.

*Iod.*, *K.-Hydriod.*, *Hydras.*, *Ferri Iod.*, and *Sulph.*, are also useful. All the remedies may be used locally as well as administered internally.

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## 63.—Scrofula (*Struma*).[1]

DEFINITION.—A constitutional disease, marked by abnormal nutrition and production of cells, resulting either in the de-

[1] See *H. World*, v. viii. p. 16.

posit of tubercle, or in specific forms of inflammation or ulceration. It may be associated with Tuberculosis, or it may occur without.

*a.* Scrofula with Tubercle (*Tuberculosis*).—It is at present uncertain whether Scrofula and Tuberculosis are different diseases or not; but it is highly probable that the disease of the blood which leads to the growth of tubercle, and that which gives the specific character of scrofulous affections, are identical.

*Tubercles* are about as large as millet-seeds, and are of two varieties—the *grey* and the *yellow:* the former is semi-transparent and somewhat firm; the latter of a dull yellow colour, and of a cheesy consistence. The yellow has in it far greater elements of danger: softening takes place earlier, and it has a greater tendency to aggregate in masses. Frequently the two varieties are mixed, but as cases advance towards a fatal termination, the yellow appears to gain the ascendancy. Many pathologists are of opinion that the yellow is simply the grey tubercle in a state of caseous degeneration, and that an uncertain interval elapses before the degeneration occurs.

Tubercles are usually produced slowly and painlessly, during some period of defective health, and after remaining latent for an indefinite time they waste, or calcify, if the general health improves, or soften and cause Abscesses and other destructive changes, if the health deteriorates. Unlike Cancer, tubercle has no elements of reproduction.

The practical conclusions of Laennec, Clark, Bennett, Pollock, and other scientific observers are, that if the further growth of tubercle can be arrested, those already existing may diminish in size, become absorbed, and the parts cicatrise; or they may remain dormant, without exciting any symptoms, after undergoing a process called *cretification*, in which the animal portion is absorbed, the earthy only remaining. Frequently, however, from defective hygienic conditions, or other

cause, tubercles undergo a succession of changes; they first become soft in the centre, that part being the oldest and most removed from living influences; then, like foreign bodies, they excite inflammation, suppuration, and ulceration in the neighbouring tissue. The groups often continue to enlarge till several groups communicate and form a *vomica;* this bursts, and when the lungs are the organs involved, its contents are discharged into an adjacent bronchial tube, and the matter is conveyed into the windpipe, and thence to the mouth, to be evacuated. Unless the disease be arrested, other Abscesses form and unite, till the lung-substance is so diminished in volume, and its continuity so completely destroyed, as to be incompatible with life, and the patient dies of exhaustion. In other cases, the tubercular matter, with the inflammatory products it excited, are removed by expectoration or absorption, the tissues around the cavity contract and obliterate it, and so the disease is cured.

The parts most commonly affected by tubercle are—the *lungs*, the *brain and its membranes*, the *intestines*, the *liver*, the *pericardium*, and the *peritoneum*.

*b.* Scrofula without Tubercle (*King's Evil*)[1] is usually manifested by various local lesions, the most common of which is induration and enlargement of the sub-cutaneous glands of the neck, below the jaws, in the axillæ, or groins, and less frequently in other parts of the body. These swellings are at first soft, painless, movable; afterwards, they may enlarge, become painful, inflame, and eventually suppurate, forming scrofulous Ulcers. They occur very frequently during childhood, and are excited into activity by Cold, Measles, Scarlatina, Hooping-cough, etc., and either remain for a long time inoperative, or proceed to inflammation and suppuration. Not that all enlargements of the lymphatic vessels and glands are due to Scrofula; they may arise from

[1] See *H. World*, v. vii. p. 220.

temporary causes, and their character as such is readily determined by the history and symptoms they present.

Other symptoms of Struma are,—scrofulous Ophthalmia; Otorrhœa; Ozæna; a large and tumid abdomen; swellings and Caries of bones, White-swellings, and Hip-joint disease; diseases of the testicle and mammary gland; various cutaneous diseases; disordered Dentition, infantile Convulsions and acute Hydrocephalus.

Causes.[1]—The most important *predisposing* cause is *hereditary tendency*. But the following may be both *predisposing* and *exciting causes*, and their power in the production of Struma can hardly be overstated:—

*Want of pure air* consequent on the imperfect ventilation of sitting- and sleeping-rooms is a frequent and potent exciting cause of tubercular disease, as indeed might be inferred from the physiological evidence of the extreme importance of a proper aëration of the blood. Persons breathing, for a considerable period, air which has been rendered impure by respiration, soon become pale, partially lose their appetite, and gradually decline in strength and spirits. Defective aëration leads to imperfect nutrition of the blood; the general tone of the system sinks, and it can offer but a feeble resistance to morbific agencies. Disease is now known to be frequently induced by the constant breathing of air vitiated by the organic vapours and particles arising from the person. Evidences of this are very numerous. In a school at Norwood, containing 600 boys, Scrofula was extremely prevalent, and great mortality occurred, which was supposed to be due to deficient or unwholesome food. The diet was, however, investigated, and found to be good, but the ventilation of the rooms and dormitories was very imperfect. This was corrected, and the disease rapidly disappeared. Even the cow, imprisoned in the town shed, the penned sheep, the confined

[1] See *H. World*, v. vii. p. 219; v. viii. p. 24.

monkey, the hutched rabbit, the caged lion, tiger, or elephant, almost invariably suffer from tubercular disease, the cause being defective ventilation and want of healthy exercise in a free atmosphere.

In *working-rooms* a large majority of the industrious classes of this country are deprived of an adequate supply of fresh air to support physiological changes in their integrity. Even where a proper amount of air is admitted in the day-rooms, ventilation is often neglected in the *sleeping-rooms*, and eight or nine hours are spent in a space so limited, that the impure products of respiration, and the exhalations from the relaxed skin, induce much of the Scrofula and Consumption prevalent among the working population. The inspiration of impure air in work-rooms, dwelling-houses, schools, and in places of public assembly, directly lowers the vital powers, enfeebles the nervous system, diminishes the appetite, deranges the secretions, and favours the retention of worn-out particles in the blood, which may act both as predisposing and exciting causes of Consumption.

*Unhealthy occupations* rank among the predisposing causes of scrofulous diseases. But occupations are only injurious to health incidentally, and the chief circumstances which render them so are mostly preventible, and are, briefly, the following: deficiency of sunlight and pure air, the inhalation of mechanical or poisonous substances, too prolonged hours of work, a bad posture of the body during labour, and the intemperance, and consequent poverty, of those engaged in them. Out-door occupations are much less likely to produce scrofulous or tuberculous diseases than those practised in-doors.

*A deficient supply, or an improper quality of food*, may serve as an exciting cause, although probably to a less extent than causes already pointed out. Even the hand-feeding of infants, as too generally practised, may have a considerable share in the production of the cachexia.

Two other potent causes of Scrofula have been pointed out by Dr. Piddock; they are *tobacco-smoking* on the part of the father, and the existence of *leucorrhœal discharge* on that of the mother. To both of these we would draw special attention.

Indulgence in tobacco-smoking, more especially when the habit becomes frequent and inveterate, or where it has been acquired early in life, is, it is believed, a fruitful cause of Struma. The pale, sallow complexion, the frequently disordered digestive functions, and the debilitated or consumptive frames of many young fathers in the present day, attest the pernicious tendency of the habit in question.

Leucorrhœal, hæmorrhagic, or other uterine and vaginal discharges, often generate Scrofula in the fœtus during utero-gestation, which declares itself during infancy in Convulsions, Hydrocephalus, Mesenteric disease, or at or after puberty, by Tubercular Consumption. No observant medical man can doubt the influence of these causes as tending largely to the production of disease.

The scrofulous habit, therefore, even if not congenital, may probably be produced by any cause capable, directly or indirectly, of lowering the vital energies, such as acute specific disease; poverty and wretchedness; meagre or insufficient food; neglect of healthy exercise; insufficient clothing; want of cleanliness; frequent exposure to cold and damp; and, especially, want of pure air and sunlight.

Treatment.—The perfection of the treatment of Scrofula and tubercle, as, indeed, of disease in general, lies in its adaptation to individual cases. The stock whence the patient has sprung, the circumstances of birth and early life, education and general habits, the influences of soil and climate, the diseases passed through, the tendency to disease of the body generally, and of organs and tissues in particular,—these are but illustrations of the points that

have to be brought under consideration before a course of treatment can be prudently decided upon. We need, therefore, scarcely add, that the knowledge and experience of a physician are pre-eminently necessary. The treatment is generally tedious, often requiring to be continued for months, or even for years.

*a.* The Tubercular Disorder.—A dose of one of the following medicines may be given once or twice daily, as exerting a favourable influence over the cachexia. As it is often desirable to persevere with one remedy for a long period, it is necessary occasionally to suspend its use for a few days, then to administer a dose or two of an intercurrent medicine, such as *Sulphur;* and again, after waiting a few days, to resume the former remedy. The most useful remedies are—*Calc.-C., Sulph., Iod., Ferr., Phos., Ars.,* and *Merc.*

*Calcarea*—Is well adapted to those constitutions in which the digestion and assimilation of food does not lead to the formation of good blood and healthy tissues; there is an *impoverished,* or, on the other hand, a *stout, soft,* and *pale appearance,* notwithstanding that a sufficient supply of good food is taken. It is indicated in the cases of *enlarged* and *hard abdomen,* so frequently met with in children with a tuberculous tendency. Other indications for this remedy are,—a want of firmness of the bones, slow or difficult dentition, scrofulous swellings, extreme sensitiveness to cold and damp, and, in females, too frequent and profuse period.

*Sulphur.*—Unhealthy skin; Scrofulous Ophthalmia of children; humid eruptions behind, or purulent discharge from the ears; swelling of the axillary glands, tonsils, nose, or upper lip; swelling of the knee, hip, or other joints; defective nutrition; colicky pains, mucous discharges, etc.

*Phosphorus.*—Frequently and easily disordered *lungs,* with

a short, dry *cough*, pain or soreness of the chest, shortness of breath, *tendency to diarrhœa or perspiration*, and general feebleness of constitution.

*Arsenicum.*—This is one of the most important remedial agents in Scrofula, when debility is very marked, and the patient has frequent and exhausting discharge from the bowels, sallow complexion, and *emaciation.*

*Merc.-Iod.* and *Silicea* are suitable adjuncts in many cases.

*Ferr.-Iod.*—Is of great value in the *anæmic*, impoverished, and cachectic conditions so common in Scrofula and Tuberculosis, arising from imperfect assimilation of food.

*Aurum.*—Chiefly indicated in *affections of the bones*, and in cases improperly dosed with *Mercury.* *Ferrum* and *China* are deserving of attention in like cases.

*Belladonna.*—When sensitive organs are affected, such as the eye, the ear, and the throat, with heat, redness, and pain in the eye, and great intolerance of light; *neuralgic pains;* sore throat, rendering swallowing difficult; *painful swelling* of the parotid and other glands; etc.

*Silicea.*—Scrofulous ulcers with callous edges, fistulous ulcers, *Scaldhead, Otorrhœa;* scrofulous affections of the bones. It may follow *Calc.*, especially in disease of the bones.

*Mercurius.*—Glandular inflammations with much swelling, redness, and the *pains worse at night* in bed, particularly when the glands of the neck are swollen and painful, and there are strumous affections of the eyes; *copious saliva;* disagreeable taste, and frequent and *unhealthy-looking stools.*

*Sepia.*—Females, with *menstrual irregularities*, corrosive *leucorrhœa*, indurations of the uterus, unclear skin, etc.

*Iodine.*—Enlargement of the glands; scrofulous inflammation of the knee; rough, dry skin; *enlarged mesenteric glands*, and tender abdomen; *emaciated appearance*, with hectic. A chronic diarrhœa, premonitory of consumption of the bowels, is well met by this remedy.

*Phyto.*, *K.-Hydriod.*, *Bary.-Carb.*, *Hep.-S.*, *Staph.*, or other remedies may be required.

*b.* The Indigestion.—In order to correct the derangements of the digestive tract—which have an important bearing on the development of the tubercular predisposition—choice may be made from the following short list of remedies:—

*Nux Vomica.*—Indigestion with *flatulence*, heartburn, acid eructations, and Constipation or *irregular action of the bowels.* It is specially indicated in patients of dark complexion, sallow skin, of sedentary habits, or who suffer much from mental fatigue or anxiety.

*Pulsatilla.*—Adapted to that form of indigestion in which fat, an important constituent of a mixed diet, is distasteful, or not taken without *derangement of the mucous membranes.* *Puls.* is generally more suitable for light-complexioned persons, and where there exists a tendency to *diarrhœa* rather than to *constipation* from gastric disturbance; otherwise the indications are much the same as for *Nux V.*

*Calcarea Carb.*—In addition to the indications before pointed out, this remedy is useful in *obstinate acid eructations* not cured by *Nux V.* or *Puls.*, and when a debilitating relaxation of the bowels is present.

*Mercurius.*—Faulty action of the liver, shown in *yellowish skin and conjunctivæ*, mental depression, anorexia, etc.

*K.-Bich.*, *Bry.*, *Ant.-C.*, or *Carbo Veg.*, may likewise be of service in some cases. See Sec. on "Dyspepsia."

Accessory Means.—These are of the *greatest* importance, for medicines will be of little use unless hygienic rules are strictly adhered to.

*Air.*—Pure fresh air is required night and day. Scrofulous residents are rarely found near the sea-side. The larger the sleeping rooms the better; the fire-places should be open, the temperature about 55°.

*Exercise.*—Moderate exercise in the open air is most essential; and in carrying out this suggestion the patient should endeavour to take exercise with the mind agreeably occupied, rather than following it as an irksome task. Moderate gymnastic exercises are beneficial; but profuse perspiration should be avoided.

*Food.*—The food of scrofulous patients should always be of the most nutritious character, light, and digestible. Beef, mutton, venison, and fowls, are the best kind of animal food; to these should be added preparations of eggs and milk, a due quantity of bread, mealy potatoes, rice, and other farinaceous principles, as more suited to this class of patients than watery and succulent vegetables.

*Cod-liver oil*, as a supplemental article of diet, is an agent possessing such remarkable and well-known properties of arresting general or local emaciation as not to require further recommendation here. It may be given in almost any case in which a patient is losing flesh, in teaspoonful-doses, two or three times a day, commencing even with half a teaspoonful, if it be found at first to disagree.

*Bathing*, both in fresh and salt water, is invaluable, as a means of promoting a healthy action of the skin, and of imparting tone to the whole system.

*Clothing* should be adapted to the season, and should be warm without being oppressive. The extremities especially should be kept warm. As a general rule, flannel should be worn, but only during the day; in winter it affords direct warmth, and in summer it tends to neutralise the effects of sudden changes of temperature. The linen should be frequently changed, always observing that it is put on perfectly *dry*.

Prevention.—The prevention of strumous diseases consists not alone in the hygienic or medical treatment of the patients, but *primarily* in the correction of the habits and

improving the health of the parents, more particularly in respect to the points referred to under "Causes."

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## 64.—Tubercular Meningitis (*Meningitis tuberculosa*)—Acute Hydrocephalus.

Definition.—An inflammatory condition of the membranes of the brain, whose essential morbid character consists in the deposition of tubercle between the membranes. The disease generally occurs in families some members of which have suffered from Scrofula or Consumption.

Symptoms.—When occurring in children, the usual manifestations of the disease are,—febrile disturbance; quick, irregular pulse; vomiting; Constipation, the motions having the appearance of clay; red tongue; and continuous high temperature; the child is irritable; has disturbed sleep; grinds his teeth; manifests pain in the head; intolerance of light and noise; is unable to stand from *Vertigo;* and becomes generally feeble. He also desires to be quiet; is occasionally delirious; looks old and distressed; suddenly cries out; and is very drowsy. Twitching and squinting may also occur. In unfavourable cases, coldness of the extremities, clammy perspiration, an exceedingly rapid and feeble pulse, and death supervene.

Treatment.—*Aconitum* at first for the febrile symptoms.

*Belladonna.*—Brain-symptoms as above described.

*Hyoscyamus.*—Drowsiness and stupor.

*Bryonia.*—When effusion on the brain is probable.

*Helleborus.*—If there be much effusion.

*Zincum.*—Incipient Paralysis of the brain.

*Sulphur,* as an occasional remedy.

*Apis, Dig., Ver.-Vir., Ars.*, or *Apoc.* may also be required.

Accessory Treatment.—This should include applications

of cold water to the head, liquid diet, sponging the body with cold or tepid water, followed by perfect drying, and *strict quietude.*

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## 65.—Scrofulous Ophthalmia (*Ophthalmia strumosa*).[1]

Definition. — Inflammation of the conjunctiva—the mucous membrane which lines the inner surface of the eyelids and the front part of the globe of the eye—occurring in young persons advancing towards puberty, and in children of scrofulous constitution, living chiefly in low, badly-drained situations.

Symptoms.—The three prominent symptoms are,—extreme *intolerance of light,* so that the child obstinately holds its head down, and can only open its eyes with the greatest difficulty; *spasmodic contraction of the obicularis palpebrarum muscle,* the lids being everted by the spasmodic action; *profuse flowing of tears,* so that the skin of the cheeks is often excoriated or covered with an itching eruption; and when, at length, the eyes are opened, there is nothing to be seen at all commensurate with that dread of light which the patient manifests, for it is more a nervous than a vascular disease. These symptoms are generally accompanied by others which mark the scrofulous constitution—enlargement of the absorbent glands about the neck, sore ears, a large abdomen, etc.

Causes.—As stated, the *predisposing* cause is a strumous habit; the *exciting* causes are, exposure to bright light, cold, irritating vapours, neglect of cleanliness, etc.

Epitome of Treatment.—

1. *For the inflammatory symptoms.* — Merc.-Cor., Bell., Euphr., Hep.-S., Ars., K.-Bich.

2. *For the constitutional condition.*—Calc.-C., Ac.-Phos., Sulph., Ars.

[1] See *H. World,* v. v. pp. 63, 243; v. viii. pp. 11, 115.

Leading Indications.—

*Mercurius Cor.*—Severe acute attacks, with extreme intolerance of light. In the 2x dil., administered early, it often cuts the disease short.

*Belladonna.*—In less severe forms of the disease than that for which *Merc.-Cor.* is prescribed.

*Euphrasia.—Profuse discharge of tears.* It is most useful at the commencement of the disease, but requires to be followed by some deeper-acting constitutional remedy.

*Arsenicum.*—Extremely obstinate cases, in which other remedies have been unsuccessful.

*Sulphur.*—Chiefly valuable in the Ophthalmia of unhealthy, strumous patients, but is often useful in every kind of Inflammation affecting the various tissues of the eye.

*Calcarea Carb.*—Inflammation of the eyes, with swelling of the glands, and other marks of the scrofulous constitution.

Accessory Means.—As a lotion, warm water should frequently be applied during the acute stage, or tepid milk-and-water. Much comfort may also be derived from holding the eyes over the vapour from hot water. The eyes should be protected by a shade. Wholesome nourishing food, including cod-liver oil, and pure country- or sea-air are essential.

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## 66.—Scrofulous Disease of Glands (*Morbus Strumosus Glandularum*).[1]

Definition.—These terms include all those affections of the lymphatic glands — enlargement, induration, and suppuration—which arise from the scrofulous cachexia.

Symptoms.—The gland slowly enlarges, becomes hard, and is painless up to a certain point; afterwards Inflammation, pain, and suppuration occur, the pus being curdy and ill-

[1] See *H. World*, v. vii. p. 221.

conditioned, probably from the growth of tubercular matter; and when the wound is healed, a marked and, frequently, protuberant cicatrix remains. In other cases, however, the gland remains enlarged, without proceeding to suppuration. The glands most commonly affected are those in the neck, under the jaw, the axillary, and the inguinal. The disease is usually confined to children and young persons.

Epitome of Treatment.—

1. *Acute inflammatory symptoms.*—Bell., Hep.-S., Sil. Also wet compress, poultice, fomentation, etc. (See Sec. 26.)

2. *Chronic enlargement.* — Iod., Merc.-Iod., K.-Hydriod., Ammon.-Mur. (*indurated*), Phyto., Calc.-C., Sulph. Nourishing diet, cod-liver oil (Sec. 22), pure air, sun-light, with the general treatment prescribed for "Scrofula."

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## 67.—Phthisis Pulmonalis (*Phthisis Pulmonalis*)—Pulmonary Consumption.[1]

Definition.—A wasting constitutional disease, in which the lungs are destroyed by the caseous degeneration of morbid deposits—tubercles, pneumonic exudations, etc.—and consequent ulceration. The terms Tubercular Disease, Tuberculosis, and Phthisis are synonymous.

Pathology.—The nature of *tubercle* is stated in the Section on "Scrofula." The frequent manifestation of this scrofulous or tuberculous cachexia in the lungs is probably owing to the great vascularity of these organs, their loose and spongy texture, and their ceaseless movements.

Symptoms.—The early indications are often obscure, and

[1] This disease is more fully considered in all its bearings in the author's treatise "On Consumption and Tuberculosis of the Lungs: their Diagnosis, Causes, and Preventive and General Treatment." Second Edition. See also *H. World*, v. iii.; v. iv. p. 9; v. vi. p. 52; v. viii. p. 234.

may appear at any age, but most frequently between twenty and thirty. The chief symptoms are *impaired digestion*—loss of appetite, red or furred tongue, thirst, nausea, vomiting, and, in rare cases, Gastralgia; more or less *cough*, chiefly in the morning; hoarseness or weakness of voice; irregular *pains in the chest; dyspnœa* on slight exertion; *debility*, languor, and palpitation; *persistently accelerated pulse; heightened temperature; night sweats;* and *progressive emaciation.*

The gums should be examined to detect a red line next the teeth; and the nails, to observe if they are curved downwards at their ends (*filbert nails*);[1] for both these are common in Phthisis. Inquiry should also be made if any members of the patient's family have died from this disease.

*Cough* is a prominent symptom. In the early stage it is dry, short, and irritative, and most troublesome in the morning, or after exertion; the expectoration is usually small in quantity, and consists of ropy or glairy mucus; the cough may continue for months without aggravation or the supervention of any other symptom. In a more advanced stage,

[1] It is due to the reader to state that this supposed symptom of Phthisis is now believed to be simply one of emaciation, having no value whatever as a diagnostic sign of tubercles, but occurs more or less in emaciation from any cause. "By careful observation," writes Dr. F. A. Hartson, "we shall find that the shape of the nail varies with the state of the patient's nutrition. If he regains flesh, the nails gradually recover their normal shape. The disappearance of the conjunctiva from under the nail deprives it of its natural support. It must henceforth rest almost immediately upon the bone as upon a model, and is obliged to follow the direction of its surface. This surface being rounded at the top, the nail takes a direction downwards." This writer also states that this nail phenomenon is more apparent in the toe-nail than in the finger-nail. It is to be expected that the feet, being farther removed than the hands from the great source of nutrition (the heart), will more quickly suffer from every decrease of nutrition. In fact, "cold feet" is a more common complaint than "cold hands." A very rapid growth of the nails and hair seems equally to belong to the symptoms of emaciation.—*Medical Times and Gazette*, Nov. 11, 1871.

cough recurs during the day, and especially after slight exertion, being caused by the necessity for getting rid of the inflammatory products and disintegrated lung tissue, which then begin to accumulate. The recognition of this different variety of cough is necessary in order to prescribe for its cure and relief, as remedies suited to one condition are inadmissible in the other. The mere existence of a cough, *per se*, by no means proves that Consumption is present, as it may arise from diseases of other organs than the lungs; neither does the absence of cough prove the non-existence of the disease.

*Hæmoptysis* frequently, but not invariably, occurs; it is a suspicious symptom, and often gives the patient the first intimation of danger; its occurrence either before or soon after the commencement of a cough always renders Consumption probable, especially if the patient has received no injury of the chest, and has no disease of the heart, or of the uterine system. "But in the very great majority of cases," writes Niemeyer, "in which the first attack of Hæmoptysis has not been preceded by cough, dyspnœa, or other symptoms of pulmonary disorder, the lungs are free, and by no means the seat of tubercular deposit, at the commencement of the bleeding." The same author further remarks "that bronchial Hæmorrhage is by no means so rare an event where there is no grave disease of the lungs, is shown, moreover, by the tolerably numerous cases in which persons, after suffering one or more attacks of pneumorrhagia, regain their health completely, and, indeed, often live to an advanced age, and after death present no discoverable traces of extinct Tuberculosis in the lungs."

In phthisical Hæmoptysis, the amount of blood discharged is sometimes very small in the early stage, merely streaking the sputa, or there may be a few teaspoonfuls, proceeding only from the small vessels that are congested in the neigh-

bourhood of the tubercles; but in the latter stages there is sometimes a copious and even fatal Hæmoptysis, arising from some large vessel being opened by Ulceration and rupture of an artery in a *vomica* (p. 245); but this is comparatively rare, because the vessels usually become plugged with coagula before the Ulceration opens them.

A *persistent rapidity of the pulse*, ranging from 90 to 120, or higher, is an invariable symptom of active Phthisis. The pulse is especially liable to become accelerated towards evening, and, as the disease advances, becomes more rapid and also feebler. "The nervous system has the heart for its gnomon or dial of the clock; and extreme rapidity of the heart's action, while it has a most grave import in acute disease, is also an accurate measure of the failure of nervous power in chronic affections. It is rarely under 100, and may run up from this to 140, or till it is impossible to be reckoned; and there is no more disastrous symptom" (*Pollock*).

*Shortness of breath* or *difficult breathing* is a common early symptom. In Phthisis the capacity of the lungs is diminished, and enough air is not inspired to aërate the blood sent there by the quickened action of the heart. An extensive growth of tubercle in the lungs gives rise to very great distress in breathing; this symptom becomes, therefore, a sign of the extent of the deposit. This is confirmed by the use of the Spirometer. The number of respirations in healthy, tranquil breathing, is 14 to 18 per minute, and bears a remarkable proportion to the pulsations of the heart, that is, one complete respiration to about every five beats of the heart. In Phthisis, the number of respirations is from 24 to 28, the number increasing as the disease progresses. Inspiration is generally short, limited, and speedily checked, causing uneasiness or inducing coughing, and is quickly succeeded by expiration. The patient complains of want of breath,

exercise, especially going uphill or upstairs, or walking fast, exhausts him, and he often requires to rest. The patient's *feelings* cannot here be relied upon, for the *sense* of dyspnœa may be experienced when the function of respiration is unimpaired, and, on the other hand, one lung may have become useless by slow compression without any such distress for breath. The rate of progress, and not the actual advance of the disease, therefore, determines the degree of the patient's distress. A lowered respiratory power tends of itself to induce accumulations of mucus in the air-cells, and to excite inflammatory action.

*Emaciation*, one of the earliest symptoms, extends to nearly every tissue of the body, the adipose, the muscular, and the bony; even the intestines and the skin become thinner; it often proceeds uniformly from the commencement to the termination, and appears to bear a closer connection with the constitutional, than with the local, affection. Though liable to be increased by extensive disease of the lungs, intestines, and mesenteric glands, and by Hectic fever, still, in the absence of these conditions in their ordinary intense form, *wasting* goes on to the fatal termination, the patient sustaining a total loss of from one-third to half of his entire weight. *Slow and gradual emaciation*—"the grain-by-grain decay"—is far more indicative of Phthisis than a rapid or irregular diminution of weight; and emaciation is more marked, and also more dangerous, in individuals who have been previously stout. To detect the continuously progressive emaciation, it is necessary to have patients accurately weighed from time to time. By this means a physician is also able to judge of the proportion of the weight of a patient to his height, age, breathing, and other functions.

*Hectic fever*, at length, makes its appearance, and its coincidence with the symptoms already mentioned confirms our

diagnosis of Consumption. The patient is feverish and flushed in the evening, and in the morning is found drenched with perspiration. The pulse is small and weak, uniformly too high, but greatly accelerated towards evening, reaching 120 beats in the minnte, or more; "the beat being performed with a jerk, as if the result of irritation upon a weakened heart." The bowels are relaxed, especially in advanced stages of the disease, the Diarrhœa aggravating the effects of the sweating, and consequently the exhaustion is greater; the tongue is furred white or brown in the centre, but unnaturally red around the tip and edges, and, immediately preceding the final break-up, is covered with the eruption of Thrush. The urine deposits red brick-dust or pink sediment, consisting of the urates of soda and ammonia; the skin is clammy, except during the evening exacerbation, when it is burning hot; the complexion is clear, the eyes are bright and sparkling, and there is marked emaciation, especially as death approaches.

Finally, all the symptoms are gradually intensified: the dyspnœa becomes *very distressing*, so that the patient is unable to make any active exertion, or even to read a short paragraph without pausing; the sputa is more purulent; the pus is often expectorated pure, in roundish masses, that remain distinct in the vessel; the disease often spreads to other organs, as the lymphatic system and the intestinal canal, in which a deposit of tubercle takes place similar to that in the lungs, and which afterwards bursts into the intestines, leaving an Ulcer; and thus the entire alimentary canal is affected, and Diarrhœa produced. The respiratory mucous membrane may also be ulcerated, producing huskiness, and even loss of voice, but more frequently the former, from the thickening and increase in vascularity which it undergoes. *Aphthæ* of the mouth, pharynx, etc., or œdema of the lower extremities, ensue. It is, therefore, but seldom that the local affection of the lungs alone causes death.

The mind usually remains bright, often vigorous, and so hopeful that, even amidst this general wreck of the material frame, the patient dreads not the future, and thinks he "would be well but for his Cough;" towards the end, however, slight Delirium sometimes occurs, from circulation of venous blood in the brain, or a deposit of tubercles in its membranes.

The most characteristic symptoms are: *undue shortness of breath* after exercise; *Cough;* excessive *sensitiveness to cold air; Spitting of blood; progressive emaciation; heightened temperature; rapid pulse; Hectic Diarrhœa,* and *Aphthæ.*

Physical Signs and Methods of Detecting them.—Notwithstanding the comparative conclusiveness of symptoms, a physician does not rely on them alone, but calls in the aid of other evidence. In consequence of the frequent obscurity that surrounds symptoms, or of the possibility that they admit of explanation by causes distinct from Phthisis, a physical examination is necessary to remove all uncertainty; and if conducted with care, and aided by the study of natural science, the diagnosis of this disease may be rendered almost as clear as if the morbid processes beneath the chest-walls were exposed to view.

The following are the methods of physical examination:—*Inspection,* or ocular observance of the form, size, and movements of the bare chest; *Mensuration,* by which the comparative volume of the two sides of the chest, and also the degree of expansion and retraction during respiration, are determined by measurement; *Percussion,* or tapping the chest, to ascertain the relative degree of dulness or resonance; *Auscultation,* or listening over the chest, to discover the condition of the respiratory murmurs, either with or without a stethoscope; *Thermometry,* which indicates the temperature of the patient apart from his own sensations; and *Spirometry,* which tests the capacity of the lungs by

means of an instrument for the purpose. The *weight* and *height* of the patient are also considered in connection with his age and the revelations of the spirometer.

TEMPERATURE.—The value of the aid of the thermometer in the diagnosis of Phthisis will be recognised by the fact that during the growth of tubercle in the lungs, or in any organ of the body, the temperature of the patient is raised from 98° Fahr., the normal temperature, to 102° or 103°, or even 104°, the temperature increasing in proportion to the rapidity of tubercular growth. This sign may occasionally be detected several weeks before reduced weight or other signs indicate the undoubted existence of tubercle; and, in the absence of other signs peculiar to the disease, will determine the diagnosis of Consumption from *Chlorosis* or *Heart-disease.*

CAUSES.—Pneumonia, Capillary Bronchitis, Hæmoptysis, Hyperæmia of the lungs, the irritation of foreign bodies—tubercles, coal, iron or slate dust, etc. Also *hereditary taint,* contagion, dampness of soil, and "the *impoverished nutrition* resulting from *impure air,* and an improper *quantity, quality,* or *assimilation of food;* and so long as misery and poverty exist on the one hand, or dissipation and enervating luxuries on the other, so long will the causes be in operation which induce this terrible disease" (*Bennett*).

DURATION.—The average may be said to be from nine months to two years; but in acute cases, the disease advances rapidly through the entire substance of both lungs, and it may prove fatal in two or three months, or even in as many weeks. The influence of the digestive organs is very considerable. An irritable mucous membrane—indicated by loss of appetite, furred tongue, Diarrhœa, etc.—will hurry the morbid deposit through its stages; while a healthy digestive apparatus may prolong the stages indefinitely. Other circumstances must also be considered—age, amount

of hereditary influence, Hæmoptysis, fever, etc. Lastly, the type of disease greatly influences the duration.

TREATMENT.—Phthisis being a disease in which the assistance of a medical man is necessarily required, we only give a few general indications for the sake of those to whom professional homœopathic skill is not accessible. Each case must be treated according to the individual nature and extent of the local and constitutional disease. Useful remedies may be found among those recommended for "Dyspepsia;" also "Bronchitis," "Pneumonia," and other diseases of the respiratory system. *Preventive* treatment is of great importance. See p. 252. The *general measures* detailed pp. 266-70, are also of paramount importance.

EPITOME OF TREATMENT.—

1. *Cachexia.*—Sulph., Calc.-C., Iod., Ars., Phos., Nux Jug., Merc.-Iod., Ferr., Ars.-Iod., Calc.-Iod., Sang.

2. *The Indigestion.*—Puls., Nux V., Calc.-C., Lyc., Merc., K.-Bich., Ant.-C., Carbo V.

3. *Cough*, etc.—Phos., Bell., Hyos. (*nightly dry Cough*); Bry. (*stitching pains in the side*); Stann. (*profuse expectoration* and *night sweats*); Ant.-T., K.-Bich.

4. *Hæmoptysis.*—Ham., Ipec., Dros., Arn., Led., Sabi., Mill.

5. *Dyspnœa.*—Ars., Ant.-T., Nit.-Strych.

6. *Hectic fever, night sweats, Diarrhœa*, etc.—Ac.-Phos., China, Hep.-S., Samb., Stann.

7. *Various Symptoms.*—Kreas. (*sympathetic vomiting*); Gels. (*sleeplessness*); Phyto., K.-Kydriod., K.-Bich., K.-Carb., Calc.-C., Spig., Ac.-Sulph., Merc.-Cor.; etc.

LEADING INDICATIONS.—

*Calc.-Carb.*—Imperfect digestion and *assimilation of food;* obstinate *acid eructations*, relaxed bowels; enlarged glands; sensitiveness to cold and damp; fatigue after slight exertion; Cough; *gradual emaciation;* and, in females, too frequent and *profuse menstruation*, or Leucorrhœa.

*Phosphorus.*—In confirmed, as well as incipient Consumption, especially in *girls of a delicate constitution;* with frequent, *dry, short Cough,* so constant as to lead to exhaustion of strength; or moist Cough with greenish fœtid expectoration from an Abscess in the lungs; shortness of breath; *tendency to Diarrhœa or perspiration;* emaciation; pain and soreness of the chest; loss of appetite; dry or hot skin; small and quick pulse; etc.[1]

*Iodium.*—Consumption associated with glandular affections —enlargement or atrophy—diarrhœa from *mesenteric disease,* and inability to digest fat, laryngeal or tracheal symptoms.

*Ferrum.—Anæmia,* Diarrhœa, œdema of the lower extremities, emaciation.[2] *Ferr.* is required in most cases, for the constitutional condition.

*Pulsatilla.*—This drug is adapted to that form of Indigestion in which *fat,* an important constituent of a mixed diet, is distasteful, and is not taken without more or less derangement of the mucous membranes.

*Lycopodium.*—Useful if the chest symptoms are associated with *chronic Indigestion*—intestinal *flatulence,* Constipation, etc.; also in chronic Pneumonia.

*Hyoscyamus.*—Night-cough, especially when the Cough commences or is *aggravated on lying down.*

*Bryonia.*—Tearing dry Cough, as if the chest or the head would burst by the effort; *stitching pains in the sides,* catching the breath; dyspnœa.

*Drosera.*—Severe spasmodic Cough, causing frequent *discharges of blood.*

*Arsenicum.*[3]—Tightness of the chest; oppressed breathing, aggravated by lying down; chilliness in the chest; or soreness and burning from coughing; exhausting Diarrhœa; *rapid emaciation;* depression of spirits. *Ars.* is valuable in all stages of the disease, and especially in the last.

[1] See *H. World,* v. v. p. 29. [2] V. v. p. 30. [3] V. viii. p. 114.

*Hepar Sulph.*—Scrofulous persons, in the early stage. The chief symptoms are, *hoarse, rough, or weak voice, hollow Cough*, with expectoration of mucus, sometimes of blood; dyspnœa, especially on lying down; night sweats; pain after the smallest quantity of food; clay-coloured or greenish stools.

*Sulphur.*—Valuable for the constitutional condition; also as an *intercurrent remedy* throughout the disease.

*Aconitum.*—Is a prominent remedy in Consumption, and its occasional administration during the whole course of the disease is attended with the best results. It is especially valuable in removing *Congestion*, and modifying *inflammatory and febrile action.* Physicians of the old school were formerly accustomed, and in many cases are so still, to use depletory measures—leeches, cupping-glasses, etc.—to diminish local Congestion; but, thanks to Homœopathy, in *Aconite* we have a remedy which answers this purpose better than the lancet or the leech, without the consequent loss of strength.

*Nux Juglans.*—*Scrofulous Consumption*, with swollen glands, hardness of abdomen, etc. See also "Pneumonia," "Cough," "Hæmoptysis," etc.

*Inhalation* (see Sec. 32) is often a useful method for administering such remedies as *Iodine, Kreasote, Aconite, Bryonia, Hyoscyamus, Belladonna, Ipecacuanha, Sulphurous Acid*,[1] etc., especially when the throat and large bronchial tubes are involved. Apart from medicines, the simple vapour of hot water is of great utility; it soothes the inflamed mucous membrane and assists in detaching mucus from the air-passages. Dr. Berkart has successfully injected highly-diluted *Ac.-Carbol.* into the lungs through the thoracic parietes.

General Measures.—To describe in detail the general treatment of consumptive patients, were to write a treatise on hygiene; we shall therefore only mention several of the most important points, and refer the reader to the Section on "Scrofula."

[1] See *H. World*, v. vi. p. 202.

1. *Nutritious Food.*—The diet should be nourishing, digestible, and sufficiently abundant; including animal food twice or thrice a day; fish, especially oysters; good home-made bread, not less than one day old; puddings of arrowroot, rice, sago, or tapioca, with milk; various kinds of green vegetables and mealy potatoes; *good milk*, eggs raw or beaten up with a little milk; and, if the patient is benefited by its use, a moderate allowance of beer, wine, or rum and milk. Pork should be avoided; also veal; fish not having scales; pastry; and all articles that give rise to irritability of the stomach, nausea, eructations, or any other symptoms of Indigestion.

*Cod-liver oil* must be considered as an item of food, and a very important one; and if properly administered may be expected to be productive of the happiest results. If, as is occasionally the case, cod-liver oil disagree with the stomach, the author has found *Cream* of great value as a substitute, though it is inferior. To favour its digestion, a teaspoonful of French brandy, or a tablespoonful of cold, strong black tea, may be mixed with it.

*Kumiss* has the reputation of being curative.[1] Cough mixtures, lozenges, etc., should be avoided.

2. *Clothing.*—This should be sufficiently warm to maintain a vigorous cutaneous circulation; the extremities especially should be kept warm, to obviate Congestion in the chest or abdomen. Flannel should be worn both in summer and winter; in the former, it neutralises any variation of temperature, and prevents sudden cooling by evaporation of the perspiration; in the latter, it prevents loss of the vital warmth of the body. In winter, the addition of a chamois leather vest may be worn over the flannel. The notion that delicate children may be hardened by habitually exposing them to atmospheric changes, when but imperfectly clad, is erroneous in all cases; and in the instance of children of tuberculous predisposition often leads to the worst results.

[1] See *H. World*, v. ix. p. 177.

3. *Bathing and friction of the skin.*—Except in confirmed cases, bathing is generally beneficial; even sea-bathing may be often recommended. But on no account should the patient bathe when exhausted by fatigue, or when the body is cooling after perspiration. When sea-bathing is not admissible, sponging the chest and back with water to which sea-salt has been added, can generally be borne and enjoyed; and when it is followed by a general glow, it is a most valuable aid in promoting the capillary circulation. Under all circumstances, vigorous friction should immediately follow the bath, as reaction is thus rendered more complete. In cases in which patients are prevented from taking exercise, friction by means of bath-sheets or flesh-gloves is the more indispensable. Bathing must be regarded as injurious if after a brief immersion the surface remains cold, numb, and pale, in spite of the use of good friction. In such cases, warm salt-baths are recommended.

4. *Exercise.*—Next to diet, the unrestrained exercise of the muscles and lungs in the pure open air is of the greatest importance. "The more fully the lungs are judiciously used, the more is their capacity nursed; and conversely, the less they are used and expanded, the more useless are they likely to become, if not absolutely diseased. Under a judicious system of training, an undeveloped man, even although he may be feeble, narrow-chested, and sickly, may yet become active, full-chested, and healthy. It is therefore within the power of the medical officer to direct the physical training of young persons, so that the apparently sickly and the short-winded may in time be developed into the wiry and active young man, long in wind, sound in body, and lithe of limb; a result which, however, can only be attained by judicious feeding, careful exercise throughout the development of the body, and by the gradual nursing of the breathing powers" (*Aitken*).

If possible, exercise should be so taken as to bring all the muscles into moderate and agreeable action, and with the body in an erect posture. Walking-exercise secures these conditions to a certain extent; but riding on *horseback* has the advantage of permitting the patient to breathe a large amount of fresh air, while it does not occasion fatigue or great difficulty of breathing. Rowing, gymnastic exercises, and especially the *cross-bar swing* (described in the work on "Consumption" before referred to) are valuable aids when practised according to the patient's strength. But excessive exertion, either of the mind or body, should be avoided, and an interest fostered in the wonders and beauties of nature—the garden, the farm, the mountain-side, and the river.

5. *Healthy Residence.*—The position of the *house*, the prevailing winds, the aspect of the rooms (of the bedroom especially), the windows, the position of the bed, and the provision for ventilation without draught, should be considered. The climate should be moderately warm, *dry*, and uniform, to suit the consumptive. A *voyage* under favourable conditions sometimes wonderfully renews the constitution, if the patient does not suffer from sea-sickness. A patient, too, should be able to command every comfort possible in a long voyage, and to spend most of his time on deck. The climate of, and voyage to Victoria (Australia) is strongly recommended. Moreton Bay or Adelaide are said to be the most suitable places for patients with tubercular disease or Chronic Bronchitis. It is, however, only in the early stage of Consumption, and when a patient can "rough it" in the Victorian bush, living chiefly an active out-of-door existence, that such a course is advisable. Facts have recently been adduced which prove that Phthisis prevails very extensively in Australia, especially in Melbourne and elsewhere, among those following occupations liable to be so affected, and that in rapidity of course, and in fatality, it rivals the same disease

at home. It is only an out-of-door life in the pure air, and under the clear sky, with a favourable temperature and the absence of humidity, that is likely to benefit a youth in the incipient stage of Phthisis, who leaves our shores to rough it in Australia. When removal to a foreign country is impracticable, Torquay, Undercliffe in the Isle of Wight, Hastings, Bournemouth, Exmouth, and Queenstown (Ireland), are places in our own isles to which consumptive patients may resort with great benefit.[1]

Preventive Treatment.—There is an antecedent condition of tubercular Phthisis in which treatment is most hopeful, which is characterised by Indigestion, furred tongue, failing appetite, dislike to fatty kinds of food, pallor, and loss of strength. This, the antecedent stage, is the most important for treatment; and that treatment includes the prescription of remedies, fresh air, and healthy occupation for improving the nutrition of the patient. In short, the *early* adoption of all those *general measures* which have just been pointed out.

In conclusion, all excesses must be avoided, whether in wine, the pleasures of the table, exercise, or in the gratification of any passion which over-stimulates the mind or the body. Business and intellectual pursuits should not be followed to the extent of inducing mental or bodily fatigue, but should be laid aside as early in the day as possible, and while there is sufficient strength remaining to permit the patient to engage in healthy exercise.

[1] For a description of the various health-resorts in the British empire, and their adaptation to different classes of patients, see the papers on "Watering-Places" in the *H. World*, vols. i. and ii. See also v. iv. p. 123.

## 68.—Tabes Mesenterica[1] (*Tabes Mesenterica*)—Consumption of the Bowels—Marasmus.

Definition.—A growth of tubercle in the mesenteric glands, which undergoes changes similar to those in the lungs, and is also associated with the phenomena of Scrofula. Unless arrested, the disease results in the destruction of the glands, and, consequently, in the death of the patient, from inability to repair the waste of the tissues of the body.

Symptoms.—Swollen and tense abdomen; irregular action, or, more generally, relaxation of the bowels, with unhealthy, fœtid stools; passage of undigested food; pain in the bowels, so that the patient draws his legs up towards the abdomen; at the same time he is feverish and indisposed to activity. There is also pale and flabby skin; anxious and aged expression; inordinate or fitful appetite. The process of absorption becomes suspended, so that the quantity of nutriment added to the blood is inadequate to the requirements of the system; Hectic fever sets in, with obstinate Diarrhœa, extreme thirst, restlessness, and sleeplessness; the body wastes until the degree of emaciation becomes extreme, hence the term *tabes* (to melt away); and the patient dies, in most cases, from actual starvation. If, however, treatment is resorted to before the glands are irreparably disorganised, the patient slowly recovers.

Treatment.—The remedies required in this affection are the same as those recommended in the Section on *Scrofula* especially *Iod.*, *Ars.*, *Calc.-C.*, and *Sulph.*

The best hope of cure is in *early* and judicious treatment; the disease, however, is so serious, that it should only be confided to a homœopathic practitioner.

Accessory Means.—The food should be *nourishing* and simple,—fresh meat, goats' milk, beef-tea, *soda-water* or *lime-*

[1] See *H. World*, v. vii. p. 222; v. ix. pp. 62, 63, 91.

*water with milk*, and *cod-liver oil*. Warm clothing, including a flannel bandage around the abdomen, to guard against the vicissitudes of the weather. See also the Accessory treatment of "Scrofula."

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## 69.—Rickets (*Rachitis*).

Definition.—A constitutional disease of early childhood, from mal-nutrition, consisting essentially of a lack of earthy phosphates in the bones, and manifested by curvature of the shafts of the long bones, and enlargement of their cancellous extremities, so that they yield to pressure, and are liable to harden afterwards in unnatural forms; there is also arrest of the growth of the bones.

Symptoms.—*Profuse perspiration on the head, neck, and upper part of the chest*, with dryness and heat of the abdomen and lower limbs. The upper portion of the body has always increased moisture, which the slightest exertion or heat aggravates, and on the patient falling asleep the perspiration is at once so increased as to make the pillow wet. The child also desires to *lie cool at night*, and in the coldest weather kicks off or gets outside the bed-clothes. These symptoms precede the deformities of the bones. A later symptom, especially marked in severe cases, is *dread of movement* from *extreme tenderness* of the surface. He wants to be let alone, and manifests signs of uneasiness on being touched or danced in the arms, preferring to sit quietly or to lie down. As the disease advances, he lies motionless in bed, and cries at the approach of persons accustomed to play with him. The appetite is generally voracious, the patient often desires food soon after a meal, and the peristaltic action of the intestines is so rapid that the food is hurried, and passes almost unchanged along the alimentary canal. The bowels are irregular, confined for a day or two, and then relaxed for an equal period; there is generally a good deal of straining,

and the motions are extremely offensive and mixed with mucus. The child becomes dull, neglects his playthings, and usually gets thin; sometimes he looks plump while his flesh feels soft. In the day-time he is drowsy, but restless and uneasy at night (*Dr. Eustace Smith*).

Rickets generally becomes evident in children during the first year of their age; and it is probable that a child who is not idiotic or weakened by some recent acute disease, and who cannot walk at eighteen months of age, is either rickety or paralysed.

Changes in Bones.—The changes in *the bones* generally commence when the tenderness and dread of movement are first complained of. In slight cases, the affection of the bones may be very limited—the ankles a little sunk, the shins bent, the spine curved, the fontanelles remain abnormally open—and dentition be retarded or arrested; but, in aggravated cases, the physiognomy and general appearance are very peculiar.

The skull undergoes remarkable changes; it is *larger*, at least relatively, and often absolutely; but the change in shape is most marked; it loses its natural arched form, and becomes flat, both at the top and around; the frontal and parietal protuberances are increased; the frontal, coronal, sagittal, and sometimes even the lambdoid sutures are depressed (*Gee*), and slow in closing. The face is small and triangular, with a narrow sharp-peaked chin, and projecting teeth which tend to decay, or to drop out undecayed; and Dentition, both the first and second, is often delayed.[1] A rickety head may be distinguished from a hydrocephalic, by the fontanelles, which are *depressed* in the former, and *elevated* in the latter. The chest is narrow and prominent in front,

[1] If the ninth month passes without the appearance of a tooth, the cause should be carefully inquired into, and will almost always be found in Rickets (*Sir W. Jenner*).

hence the popular term pigeon-breast; the abdomen is often large, and, contrasted with the narrow and distorted chest, appears much distended; the spine is variously curved; the pelvis deficient—the promontory of the sacrum and acetabula being pressed together, the cavity is rendered perilously small for child-bearing; and the whole structure is stunted. The most characteristic alteration in the bones is *beading of the ribs*, which can usually be detected earlier than any other sign.

Causes.—Rickets is not a diathetic disease, in the sense in which Tuberculosis and Syphilis are; it is the result of certain known causes, without which the disease cannot be produced, but under the influence of which children become rickety. It often arises, however, in children of parents who, though naturally healthy, live in disregard of hygienic laws. As it is strictly a disease of the nutritive processes, it will readily be perceived how such conditions as the following should tend to produce it: ill-health or weak constitution of the mother, affecting the nutrition of the child before birth, and after birth, by deteriorating the quality of the breast-milk; improper feeding generally, badly-ventilated rooms, damp, cold, dirt, too little sun-light, and neglect of exercise. The continued influence of these causes will produce that unhealthy condition of the body of which Rickets is the direct consequence. In the following passage, Dr. Jenner shows how improper *feeding and physicking* produce Rickets:—

"For the first two or three days after birth, their tender stomachs are deranged by brown sugar and butter, castor-oil and dill-water, gruel and starch-water; as soon as the mother's milk flows, they are, when awake, kept constantly at the breast. And well for them if they are not again and again castor-oiled, and dill-watered, and even treated with mercurials—for the poor have learned the omnipotent virtues of *grey powder*.

"After the first month, bread and water sweetened with brown sugar is given several times a day, and during the night the child is, when not too

soundly asleep, constantly at the breast. As soon as the little ill-used creature can sit erect on its mother's arm, it has at parents' meal-times 'a little of what we have'—meat, potatoes, red herring, fried liver, bacon, pork, and even cheese and beer daily, and cakes, raw fruits, and trash of the most unwholesome quality as special treats, or provocatives to eat, when its stomach rejects its ordinary diet. Then, instead of being weaned when from ten to twelve months old, the child is kept at the breast when the milk is worse than useless, to the injury of the mother's health, and to the damage of its after brothers and sisters, in the hopes that thus keeping it at the breast may retard the next pregnancy. The children are sacrificed that the passions of the parents may not be restrained."—*Medical Times and Gazette*, May 12, 1860.

Consequences.—Softening and curvature of the bones often deprive a child of the use of its limbs; the deformity of the thorax produces difficult breathing; and the abdominal organs, especially the liver, are constantly compressed in consequence of sedentary habits. Sometimes there is inflammatory swelling of the bones, with suppuration, and caries; and derangement of the digestive organs, wasting, Hectic fever, etc., make their appearance, if they did not exist before. Under favourable treatment, however, the bones become very firm in adult life, and are remarkably strengthened by strong ridges on their concave sides.

Treatment.—This must be radical, and if commenced early the best results may be expected, for although one of the most common of children's diseases, it is yet one most easily arrested.

*Phosphoric Acid.*—Rickety affections of the bones, with pains in the limbs, Diarrhœa, and other symptoms of *Hectic.*

*Silicea.*—Corrects the *perspiration about the head* and upper portion of the chest, and the sensitiveness before described; it also controls the tendency to the increased growth of cartilage.

*Calc.-Phos.*—In many cases of Rickets this salt is of great utility, and if the child is fed by the breast, both the mother and child will be benefited by the medicine. Phosphate of

lime has the power not merely to correct deficient consolidation of bone, but equally to correct the consentaneous unnatural growth and mal-nutrition of the soft tissues of the body.

*Asaf.*, *Phos.*, and *Sulph.* are also recommended.

Accessory Means.—The child should, if possible, reside in the country, where the air is dry and bracing, enjoy abundance of sun-light, and take suitable out-of-door exercises. These wonderfully aid the cure, by imparting tone to the digestive organs, energy to the nervous system, and, in short, invigorating the whole constitution. Patients not able to walk should sit or recline in the open air, *warmly clad*, during suitable portions of the day. This will be found far more helpful to recovery than passing the chief part of the day in the confined air of a sick-room. Further, tepid and cold bathing, especially in sea-water, followed by frictions, especially down the back, continued for five or ten minutes. In the evening, again, the frictions should be repeated. Well-ventilated rooms, strict cleanliness, and nourishing food, which should be well masticated, or if the teeth be inefficient, pounded in a mortar, are also necessary. The food should include milk, meat, animal broths, and cod-liver oil; the latter has quite a specific action in this disease. The administration of a moderate quantity of finely-scraped raw beef, followed by a dessert-spoonful of Tokay or Malaga, once or twice a day, is to be particularly recommended.

Cod-liver oil is an important remedy, but should only be given in small doses, ten to twenty drops at first, and the quantity gradually increased to a teaspoonful. During its administration the evacuations should be examined, for the appearance and odour of the oil in them are signs that the quantity should be reduced. (See Sec. 22.)

Mechanical Support.—On the subject of mechanical support, Mr. J. C. Foster remarks: "I am quite sure none yet

invented is of any service. Splints on the outside and inside of the leg, boots, irons, etc., only add to the weight which already overburdens the feeble limb." Notwithstanding this excellent authority, we have often used splints with perfect success. The best for curvatures of the lower limbs are simple straight wooden splints, kept in place by a strong elastic bandage, or even an ordinary cotton roller. Very delicate children should first be treated by such remedies as we have already named, especially cod-liver oil; and the splints applied as the patient gains strength.

Cure of Pigeon-Breast.[1]—In most instances this deformity can not only be improved but radically cured, if the following simple method be adopted sufficiently early—that is, before the cartilages of the ribs have become partly ossified. The object is to develop the muscles of the chest concerned in breathing. Pressure is to be applied by the hands of an assistant placed, one on the projecting part of the breast-bone, the other between the shoulder-blades, the pressure being gentle but firm, and carefully increased as the patient takes five or six deep inspirations. The tendency of this pressure, if skilfully applied, combined with the inspiratory efforts, is to enlarge the sides of the chest in some measure at the expense of the projecting portion of the breast-bone. If this easy plan be followed twice a day for a few weeks, an astonishing change may be effected, the unnatural form of chest giving place to one of symmetry. At the same time, the muscles of the chest are to be brought into action in a special manner by varied movements of the arms and trunk. The *cross-bar swing* is also a valuable measure for increasing the capacity of the chest, and is fully described in the author's work on "Consumption." The so-called chest-expanders are unnecessary and useless. The whole chest should be sponged with cold water every morning, and thoroughly

[1] See "Notes on Pigeon-Breast," *H. World*, v. ii. p. 118.

dried by means of a towel. In cold weather the sponging should be rapidly performed.

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## 70.—Diabetes (*Diabetes*)—Diabetes Mellitus.

Definition.—A cachectic, constitutional disease, characterised by an excessive discharge of pale, sweet, and heavy urine, containing grape-sugar.

Symptoms.—*Malaise*, excessive debility and progressive emaciation; red and fissured tongue, enlarged papillæ circumvallatæ, intense thirst, frequent micturition; voracious appetite, and sinking at the stomach; the bowels are usually costive, and the evacuations dry and hard; the skin is harsh and dry; and the breath has a peculiar smell like chloroform. Boils, or Carbuncles, swelling of the legs, etc., sometimes accompany the disease. In advanced stages, some low form of lung Inflammation or Phthisis, are not infrequent complications. The *insatiable thirst*, uninterruptedly torturing the patient, is a highly characteristic symptom. The temperature is almost uniformly below the normal, rarely exceeding 97° Fahr., and sometimes being as low as 94° or 95°. Even in that most frequent complication of Diabetes, Phthisis, the temperature, instead of being raised, is generally below the normal point.

The quantity of urine is generally in great excess, amounting to from eight to twenty or even thirty pints daily, inducing frequent calls to micturate day and night, and producing soreness and Inflammation of the urethra. Thirty pints of urine of the specific gravity of 1·040, which is about the heaviest, contains nearly four pounds of sugar. In a few months patients often pass a quantity of sugar equal in weight to that of their own bodies.

Diabetic Test.—Diabetic urine is of a pale straw-colour,

has a faint smell of apple, hay, or milk, is of high specific gravity (1·025 to 1·050), and is passed in large quantities. When there are excessive discharges of urine, especially if associated with the above symptoms, an examination of the urine should be made. There are various tests for diabetic sugar, but the one most readily practised is *Trommer's*, and is as follows:—Half fill a test-tube with the urine to be examined, and add about two drops of a solution of *sulphate of copper* to make it slightly blue, and then excess of *liquor potassæ* enough to clear it, by re-dissolving the precipitate which it at first produces. Let it boil up once over a flame, and if there be sugar, there will appear a reddish-brown precipitate of the sub-oxide of copper; but if there be no sugar, a precipitate of black oxide of copper.

The urine should be examined more than once, because the presence may have arisen from some unusual article of diet, and be only temporary. Excessive discharges of urine may also occur in Hysteria, Diabetes Insipidus, and other disorders. The most certain information concerning diabetic urine, however, may be obtained from its gravity, which varies from 1·025 to 1·040 or upwards, according to the quantity of sugar it contains. Whenever the urinometer stands above 1·030, we may conclude that sugar is present.

Diabetes Insipidus.—In this affection the quantity of urine is largely increased, but it is clear and colourless, of low specific gravity (1·003 to 1·007), and is devoid of sugar and albumen. Thirst; a dry harsh skin; and mental and physical weakness are generally present.

Cause.—A defect in the function of digestion, so that sugar, which ought to be available for the maintenance of the body, enters the blood, and leaves it again unchanged, and is discharged in the urine. And here we refer not merely to sugar which is taken as such into the mouth, but

to that which is formed out of the starch contained in food by the action of the saliva.

Treatment.—The allopathic treatment of this disease by drugs is most striking for its inexactness and nearly uniform abortiveness. Almost every agent in the materia medica, including bleeding, has been fruitlessly employed to arrest the formation of the excessive quantity of sugar. Homœopathic medication, however, exerts a direct and often complete and permanent influence on the defective function.

*Acidum Phosphoricum.*—This medicine, with attention to dyspeptic symptoms, generally relieves, and not unfrequently cures. The special symptoms calling for it are,—frequent urging to urinate, pain in the loins, emaciation, and prostration; it is particularly valuable in cases of a *nervous origin.* Immediate improvement ensues, both in general health and in the condition of the urine. In one case reported, "at the end of the fourth week the sp. gr. was 1·018, and there was less sugar by about one-fourth. After the lapse of four months the patient was perfectly well." We have found that great benefit follows from the administration of this remedy in the 1x dilution, several times a day. Our own experience is abundantly confirmed by those with whom we have conferred upon the subject, especially Drs. Dalzell, Harvey, Holland, and Wilde.

*Uranium Nit.*—This medicine has sometimes proved efficacious. Dr. Cornell has furnished us with interesting details of several bad cases cured by it. Dr. Holland has also reported to us a case in which, under *Uran.-Nit.*, *Ac.-Phos.*, and bran biscuits instead of ordinary bread, the urine was reduced in four months in quantity from four quarts to three pints, and in sp. gr. from 1·048 to 1·025. The strength returned with great rapidity, the general healthy appearance was restored, and there was no relapse. The *Lancet* gives details

of a recent cure by *Uran.-Nit.* On February 18th, 1874, $\frac{1}{6}$ gr. was given in water three times a day, and from that date gradually raised to $\frac{1}{3}$ gr. A week later the patient was much better, and by the end of the second week the bowels were regular, the appetite and quantity of urine no longer excessive. The usual diet was then resumed, and muscular weakness alone remained.

*Terebinthina* and *Arum Tryphillum* have also proved remedial. *Helonin* has been successfully administered by Drs. Hale and Payne. *Muriate of Quinine* is found to remove sugar from the urine. *Plumbum* also promises to be a successful remedy; its action is specifically on the kidneys.

*Ars.*, *Dig.*, *Nux*, *Canth.*, *Eup.-Pur.*, *Chim.*, or *Merc.*, are often required to meet special symptoms.

Accessory Treatment.—Amylaceous food, and every substance containing sugar, or that is readily convertible into it, should be avoided. The most nutritious food should be preferred, and the greater proportion consumed in the fresh state. Fat meat, fish, oysters, eggs, milk, good soups thickened with finely-powdered bran, cocoa prepared from the nibs, lettuces with oil, vinegar, etc., may be taken if they agree, and be varied to suit the patient. The action of all articles must be watched, and anything that occasions indigestion or increased saccharine secretion avoided. As a substitute for ordinary bread, which is inadmissible, *bran bread* or *bran cakes*, or *ground almond powder* made into bread or biscuits, with eggs, are recommended. "Diabetic bread" made of the following ingredients bears a closer resemblance to ordinary brown bread than any previously suggested, and is often found more palatable. To eight parts of gluten add two parts of bran nearly free from starch, and a small quantity of butter. It is more nutritious than any other, and prevents or corrects constipation. The excessive thirst of diabetic patients may be gratified, as fluids aid in the elimination of

the sugar in the blood, and patients become greatly depressed if they are not allowed to drink as much water as they desire. Warm baths, the use of flannel, and a warm climate are valuable accessories in the cure of Diabetes. Dr. Bouchardat recommends "laborious bodily exercise, especially gymnastics," observing that profuse perspiration on farinaceous food lessened sugar in the urine. The improvement consequent on a course of Carlsbad or Vichy mineral waters is sometimes very marked. Cold winds, sudden draughts or changes, are injurious.

Skim-milk Treatment.—Several cases have been reported in the medical journals of Diabetes in which the quantity of urine was steadily and greatly diminished, and the specific gravity correspondingly reduced, by restricting the patient to six pints of skimmed milk per day. This treatment is cheap, and patients can adopt it without interfering with their usual occupations. Mr. H. May (Birmingham) gave five pints of milk a day to a diabetic patient, and in six weeks the specific gravity fell from 1·040 to 1·017; the patient at the same time became stout, and stronger than she had been for years. Dr. Donkin has also successfully prescribed it; but he insists that "skim-milk loses its curative power altogether, and becomes valueless as a remedy in Diabetes, when administered in combination with solid animal or other nitrogenous food. By the skim-milk treatment," he says, "I mean the administration of skim milk properly prepared in quantities measured and limited to the requirements of individual cases, given at regular intervals in definite doses, and to the exclusion of all other food for a longer or shorter period. This system of treatment, in short, must be pursued in a strictly methodical manner, and according to rule; and *if this is not done, success must not be expected.*" He gives seven to ten pints, according to circumstances, divided into meals taken at regular intervals. Two or three pints may

be made into curd, daily, by the essence of rennet.[1] Dropsy has also been very successfully treated with milk diet in India. Hence we may presume that skim-milk has some physiological effect on the kidney and its secretions. After the skim-milk has been taken for about six weeks, almost every variety of animal food may be taken once, twice, or thrice daily, and bran biscuits, gluten bread, diabetic bread, and dry wines may be added by degrees to the dietary.

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## 71.—Purpura (*Purpura*)—Land-Scurvy.[2]

Definition.—"A disease not usually attended by fever, characterised by purple spots of effused blood, which are not effaced by pressure, and are of small size, except where they run together in patches." This is the *simple* form (*Purpura simplex*). When the disease is accompanied by hæmorrhage from a mucous surface, it is called *hæmorrhagic* (*Purpura hæmorrhagica*).

Cause.—Deficiency of animal food.

Symptoms.—Languor, faintness, and gnawing pains in the stomach usually precede, for some weeks, the appearance of spots. The appetite is variable, the tongue yellowish, the countenance is sallow, dingy, or bloated and pale, with swelling beneath the eyelids. The spots first appear on the legs, and afterwards, without any certain order, on the thighs, arms, and trunk of the body, their presence being attended with great weakness and depression of spirits. They are first bright red, but are distinguished from flea-bites by the absence of a central puncture; in a day or two they become purple, afterwards brown, and when about to disappear they assume a yellowish tint, and frequently have the appearance of *bruises*.

[1] See *H. World*, v. vi. p. 144; v. ix. p. 200. [2] V. viii. p. 38; v. ix. p. 9.

The pulse is feeble: there are deep-seated pains in the stomach, chest, loins, or abdomen. Constipation, Palpitation, and irregular action of the heart, with a tendency to frequent Syncope, are the most distressing and dangerous symptoms. A peculiar danger attends this disease in the occurrence of extravasation of blood into internal organs —the lungs, the brain, the liver, or the alimentary canal (*Aitken*).

*P. simplex* is a disease of very little consequence, but *P. hæmorrhagica* occurs only in the most critical conditions.

Epitome of Treatment.—

1. *Febrile symptoms.*—Acon.

2. *Purpura simplex.*—Acon. (sometimes alone sufficient), Bell., Arn., Merc., Ac.-Sulph., Rhus.

3. *Purpura hæmorrhagica.*—Ham., Merc., Ars., Phos.[1]

Accessory Measures.—The general health must be improved by simple, good food, plenty of exercise in the open air and sunlight, healthy dwelling, and other hygienic conditions.

## 72.—Scurvy (*Scorbutus*).

Definition.—"A chronic disease, characterised by sponginess of the gums, and the occurrence of livid patches under the skin, of considerable extent, which are usually harder to the touch than the surrounding tissue."

Causes.—The disease arises from a peculiar state of malnutrition, supervening gradually upon the continued use of a dietary deficient in those salts of acids—citric, acetic, tartaric, lactic, and malic—which are found in fresh vegetables. Death supervenes after a longer or shorter interval, if the conditions under which the disease arose remain unaltered. "There is no more interesting fact in the history of medi-

[1] See *H. World*, v. viii. p. 38.

cine," writes Dr. Buzzard, "than that this condition, which has been looked upon at various times as a plague, as a mysterious infliction of Divine justice, against which man could only strive in vain, or as a disease inseparable from long voyages, should have been proved, by evidence of the most satisfactory character, to arise from causes in the power of man to prevent, and to be curable by means which every habitable country affords."

SYMPTOMS.—"The condition is essentially marked by a dull leaden pallor of complexion; excessive bodily and mental lethargy; dyspnœa upon slight exertions, unaccounted for by the auscultatory signs; spontaneous effusions of blood-coloured fluid into the various tissues of the body, causing petechiæ and bruise-like patches to appear on its surface; together with (commonly) a livid, swollen, and spongy state of the gums, and a disposition for them to bleed upon the slightest irritation" (*Buzzard*).

TREATMENT.—All that is required to cure a scorbutic patient is the supply of those articles of food—*fresh vegetables, milk,* and good dietary generally—which contain elements the absence of which has led to the diseased condition. Eight to twelve ounces of *potatoes* a day are sufficient to prevent scurvy. *Vinegar,* good *lemon-juice,* and other vegetable acids are also recommended. An ample supply of these acids, as well as of *preserved vegetables,* should be provided for ships which are engaged in war, or have to make prolonged sojourn where fresh vegetables cannot be obtained. For the ecchymosis and infiltration, compresses moistened with *aromatic vinegar,* or spirits of *Camphor,* are very useful. *Bry.* and *Ferr.* will *correct* some of the scorbutic symptoms.

## 73.—Anæmia (*Anæmia*).

Definition.—A condition of the blood in which the *red corpuscles are deficient*, the *liquor sanguinis* watery, and the albumen poor.

Symptoms.—The skin, the lips, and the mucous membrane generally have a pallid, bloodless appearance, and the face looks like wax; the lining of the gums and mouth is white, and the tongue is large, flabby, and pale; the pulse is feeble, thready, beats about eighty times in a minute, and is easily excited. The patient becomes very *weak* and languid, is easily fatigued and loses breath; there is Indigestion, loss of appetite, flatulence, and irregular action of the bowels; in women there is scanty menstruation, Palpitation, deficient temperature of the extremities and surface, and generally œdema of the ankles, or even of the feet. There may be also dejection of spirits, and morbidly heightened nervous sensibilities.

Causes.—Seclusion from air and sunlight, and a poor quality of food. On these points, Dr. Pollock says: "The sufferers are the victims of our subterraneous kitchens and back shops, and of that atrocious domestic system which deprives young women in service of open-air exercise and enjoyments peculiar to their age. Secondarily, a depraved appetite arises, and tea with bread-and-butter come to form their sole diet, as all healthy desire for meat soon vanishes. These devitalised plants, which never see the sun, languish in nervous power, and furnish our worst cases of Hysteria."

Other causes are, copious or frequent small discharges of blood, as in Hæmorrhoids, too profuse menstruation, venesection, etc.; profuse or prolonged evacuation of fluids which contain much of the organic constituents of the blood also gives rise to Anæmia, as in Diarrhœa, Dysentery, Ague, etc.

Anæmia and Consumption.—The diagnosis between these

two diseases is easy to the physician, as the physical signs of Consumption are absent in Anæmia. In the latter, the blood is only *impoverished;* in the former, it is *contaminated* also; in the latter, the pulse is about normal; in the former, it is accelerated; and, again, in Anæmia the temperature is below the normal standard; whereas in Consumption it is considerably higher.

Epitome of Treatment.—

1. *From loss of animal fluids.*—China, Ac.-Phos.

2. *With scanty or suppressed menstruation.*—Puls., Ferr.

3. *From deficient open-air exercise and sunlight.*—Ferr.[1] and Puls. or Nux V. *Nat.-Sulph.* has been recommended as specific.

Accessory Means.—The above remedies are only prescribed as auxiliaries to the hygienic treatment. *Nourishing, digestible diet,* is needful in quantities as large as can be assimilated—milk, eggs, animal broths, and afterwards, fish, poultry, game, mutton, etc. *Moderate daily out-of-door exercise in a pure air* is indispensable; bathing, especially sea-bathing, aids restoration.

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## 74.—Chlorosis (*Chlorosis*).

Definition.—"A condition of general debility affecting young persons at about the age of puberty. There is Anæmia or deficiency of the red corpuscles (*hæmatine*) of the blood, which gives the skin a pale, yellowish, often greenish, hue. The temperature of the body is diminished, and morbidly sensitive to cold. In females there is generally delayed suppressed, or imperfectly-performed menstrual function. Respiration, circulation, and digestion are also disturbed; and the whole organism, physical and mental, is feeble and enervated." (From the "Lady's Homœopathic Manual.")

[1] See *H. World,* v. v. p. 30.

*Symptoms*, *Causes*, and *Treatment* are pointed out in the above work. The chief remedies are—*Ferr.*, *Calc.-C.*, *Ac.-Phos.*, *Puls.*, *Sulph.*, *Sep.*

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## 75.—Dropsy, General and Local[1] (*Anasarca*, *Œdema*, *etc.*).

Definition. — A serous or watery accumulation in the areolar tissue, more or less general throughout the body, with or without effusion into the serous cavities.

Dropsy is of two distinct varieties, for besides its occurrence in the meshes of the loose tissue beneath the skin, it may take place as a *local* Dropsy in any of the natural cavities or sacs of the body, and is named according to the parts involved. If the accumulation occur in the ventricles of the brain, it is called *Hydrocephalus;* if in the membrane that lines the surface of the lungs, *Hydrothorax;* if in the membrane of the heart, *Hydropericardium;* if in the membrane of the intestines, *Ascites;* if in the serous sacs of the joints, *Hydrops Articulorum;* if in that of the testicles, *Hydrocele.*

According to Murchison, there are three forms of Dropsy —partial Dropsy, Dropsy at first partial but afterwards becoming general, and Dropsy which is general from the first. (1) Partial Dropsy is always due to excessive venous repletion; and this over-distention of the small veins is the result of some mechanical impediment to the venous circulation. Dropsy due to obstructed portal circulation may be recognised by the following clinical characters. It *begins* in the abdomen; dyspnœa *follows*, but does not precede the Ascites; there is a tendency to Vomiting, Diarrhœa, and Hæmorrhoides, or to Hæmatemesis. Further, the spleen becomes enlarged, and there are Varicose veins on the right

[1] In this Section are included most of the *local* forms of Dropsy, both for convenience of reference, and to present a more connected view of the subject.

side of the abdomen. (2) Dropsy at first partial but afterwards becoming general, commences in the feet and extends upwards; and this is also due to excessive venous repletion, from obstructed venous circulation. But here the obstruction is in the central organ of circulation, and is most frequently mitral disease, or fatty heart, or dilated right side of heart, consequent on chronic Bronchitis and Emphysema. (3) Dropsy invading all parts of the body at once is due to diminished exhalation in one part, leading to compensatory exhalation in another. This is almost invariably *renal*, and albumen is present in the urine. Here Dropsy results from diminished exhalation of water from the kidneys, and is consequently chiefly met with in those forms of kidney-disease in which the tubes are blocked up by diseased epithelium or inflammatory products, as in Acute Nephritis and fatty kidney.

Character of the Swellings.—Dropsical swellings are soft, *inelastic*, diffused, and leave for some time the indentation made by the pressure of a finger. In chronic cases, and when the œdema is very great, the skin becomes smooth, glassy, and of a dull-red or purple colour, and where the skin is less elastic, as over the tibia, it becomes livid or blackish, and troublesome, even gangrenous, or sloughs may form.

Epitome of Treatment.—

1. *General Dropsy.*—Dig., Apis, Ars., Bry., Seneg., Apoc.
2. *Dropsy of the abdomen.*—Apoc., Ars., China, Crot.-Tig.
3. *Dropsy of the ankles.*—Ferr., China, Ars.
4. *Dropsy of the brain.*—Hell., Merc., Bell., Apis.
5. *Dropsy of the chest.*—Bry., Dig., Ars., Hell.
6. *Dropsy of the heart.*—Dig., Spig., Ars.
7. *Dropsy of the testicle.*—Iod., Rhod., Puls., Graph.
8. *Dropsy of the joints (knee, etc.).*—Acon., Puls., Iod.

Leading Indications.—

*Arsenicum.*[1]—Is a most useful remedy in œdema of the face, hands, and feet, and Anasarca from disease of the heart; also in Ascites from enlargement of the liver or spleen. It is especially indicated when there is much general debility, rapid emaciation, and anxious depression; constriction and oppression of the chest, and a sensation of suffocation on attempting to lie down; the skin is dry and pale, or burning and itching, and sometimes peels off in large flakes; the tongue is red and parched, sometimes with excessive burning thirst; the pulse feeble and irregular, and the extremities cold.

*Digitalis.*—According to our experience in numerous cases, this drug is most valuable in almost every variety of Dropsy, and often succeeds admirably in most desperate cases. It is especially indicated by a small, feeble, and irregular pulse, pale face, livid lips, distressing dyspnœa, inability to lie on the back. It benefits dropsical affections from heart or kidney disease by improving the action of these organs.

*Apocynum Can.*—The value of this remedy is due to its power of restoring the urinary secretion, which it often does rapidly, even after other remedies have proved ineffectual.

*Apis.*—The action of this remedy on the kidneys is sufficient to make it most useful in acute febrile Dropsy from a chill, in post-scarlatinal Dropsy, in that of incipient Bright's disease, and in that which sometimes appears in the later months of pregnancy, laying the foundation of future puerperal Convulsions; sometimes, also, for a time, it removes the œdema of the lower extremities symptomatic of disease of the thoracic organs (*Hughes*). *Apis* is particularly valuable in Dropsy complicated with Strangury, Suppression, or other urinary difficulties.

*Bryonia.*—Œdematous swellings of joints; Hydrothorax; Dropsy or œdema from the retrocession of perspiration or an eruption, or associated with chest symptoms—Cough, dyspnœa—or with Liver-complaint, Constipation, etc.

[1] See *H. World*, v. viii. p. 139.

*Helleborus.*[1]—Dropsical effusion in the ventricles of the brain (*Hydrocephalus*), in Hydrothorax and Anasarca, in which it often proves most valuable.

*Ferrum.*—Functional œdema, especially in anæmic or chlorotic females, with pale and cadaverous skin, feebleness, nausea after eating, Constipation, etc.

*Sulphur.*—Œdematous swellings following skin-affections or suppressed eruptions.

*Aconitum.*—Chiefly in commencement of Dropsy, and in Dropsy following the sudden retrocession of a rash or perspiration, or associated with Palpitation or organic disease of the heart. In the latter case, in alternation with *Digitalis.*

Accessory Treatment.—A *dry*, soft, and moderately warm atmosphere is generally most suitable; and if the Dropsy be at all owing to climatic influences, or to any endemic disease, a change of residence is necessary. A damp climate or soil is particularly unfavourable. In acute Dropsy, the diet should be similar to that in acute fever; in chronic Dropsy, patients require nourishing diet, but on account of the extreme feebleness commonly present, only easily digestible food should be taken. To allay the burning thirst often experienced, cold water is the best beverage; but any other that the patient desires, if not positively injurious, may be taken. Water may be said to be a real restorative, for it increases the amount of fluids excreted to an extent greater than its own bulk; it also tends to improve the appetite and strengthen the pulse, while it diminishes the dropsical collections. It will thus be seen that the common notion that drinking water increases Dropsy is quite erroneous.

*Warm baths* for promoting perspiration, small doses of Hollands, tapping, and other palliative measures may sometimes be necessary, but the propriety of such means can only be decided by the circumstances of each individual case.

[1] See *H. World*, v. vii. p. 76.

## CHAPTER III.

### Diseases of the Nervous System.

### 76.—Encephalitis-Meningitis[1]—Inflammation of the Brain (*Inflammatio Cerebri*).

Definitions.—By "Encephalitis" is meant Inflammation of the *Brain or of its Membranes;* the term being used only when it is impracticable to diagnose the *precise* seat of the Inflammation. "Meningitis" signifies Inflammation of the *Membranes* of the brain ("*Tubercular* Meningitis" has been already discussed, Sec. 64). By "Inflammation of the *Brain*" is meant Inflammation of the *brain-substance,* with or without implication of the membranes, usually partial, and in many cases dependent on local injury or foreign deposit.

We can only state here the ordinary symptoms which are more or less common to the various inflammations of the brain and its membranes, giving general indications for treatment, which may be of service under circumstances in which a physician's aid is inaccessible.

Symptoms.—In Encephalitis there may be premonitory pains in the head, irritability, sleeplessness, and general indisposition. But usually the disease manifests itself at once—there is high fever, much Headache, Vomiting, Constipation, general sensitiveness both of the skin and the senses—sight, hearing, etc.—and violent Delirium; after a few days the Delirium is less; the patient clutches at the bed-clothes or the air, the pupils dilate and contract, and become insensible to light: there is grinding of the teeth, rolling of the head, and somnolence. The respiration is irregular; urine is retained; the bowels are still constipated; and the abdomen

[1] See *H. World,* v. iii. p. 115.

may become retracted. Muscular twitchings, Anæsthesia, Spasm or Paralysis supervene, with thready pulse, and Collapse and Coma set in. "The pupils are widely dilated, and are insensible to light, the eyes half open, the face sunk and ghastly, and the skin cold and clammy; the sphincters relax, the urine and fæces pass involuntarily, and the pulse becomes more frequent than before, but small, thready, and uncountable; the breathing is stertorous, and the patient at last dies in a state of complete Coma" (*Ranskill*).

In Inflammation of the brain-substance only (*Inflammatio cerebri*) the excitement and Delirium are not so marked, neither does the pulse rise above its normal standard; indeed, it frequently falls below it, and is very irregular. There is also tonic rigidity of one or more limbs, which is succeeded by permanent Paralysis.

Causes.—Amongst the *predisposing* causes are, *age*, sex, *the abuse of alcoholic liquors*, *excessive grief*, and *mental work*.

The *exciting* causes are—*blows* on the head, *falls*, etc.; and in hot countries, *exposure to the sun*. The sudden retrocession of an eruption on the scalp has been known to be followed by acute Meningitis.

Simple Meningitis may occur before birth, and is common in new-born infants, but is more rare after two years of age; the ages between sixteen and forty-five are next most liable; the disease also occurs in the proportion of three males to one female.

Diagnosis.—From *Tubercular Meningitis* the diagnosis may be made by comparing the two diseases as described; from *Delirium Tremens* it may be recognised by the absence of Headache in the latter affection, and the previous history of the patient, which "usually tells a long story of inebriations." In Enteric fever there is less Headache, but a more frequent pulse, Diarrhœa, abdominal tenderness, and after the fifth day the peculiar eruption of that disease.

Treatment.—"The treatment of acute Meningitis is only successful when employed very early in the disease, and carried out with energy. It resolves itself into three great remedial measures: first, blood-letting; second, hard purging; third, application of cold water" (*Dr. Ranskill*). Homœopathic treatment is simpler, safer, and more successful than that prescribed above. The principal remedies are—*Acon.*, *Bell.*, and *Bry.*, or *Arn.* alternately with *Acon.*, if the disease arises from an injury to the head. *Hyos.*, *Opi.*, *Ver.-Vir.*, and other remedies may sometimes be required: for their indications see Section on "Typhus fever."

Accessory Measures.—The hair should be shaved or cut close, and the extremities kept warm. Cloths wrung out of *hot* water, and renewed as soon as they become cold, allay the inflammation and calm the delirium. Quietude is important, and when there is *photophobia*, the room should be darkened. Beef-tea, strong broths, milk-and-soda-water, but no solid food, should be given. Cold water or other simple liquids may be freely given. The patient's apartment should be well ventilated, and great caution exercised during recovery.

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## 77.—Apoplexy (*Apoplexia*).

Definition.—A condition characterised by the abrupt loss, more or less complete, of consciousness, from extravasation of blood (*Hæmorrhage*) within the cranium.

Varieties.—(1) *Congestive* Apoplexy is an overloaded condition of the vessels of the brain. (2) *Hæmorrhagic* or sanguineous Apoplexy is the most frequent, and consists in the rupture of a vessel, and extravasation of blood in the substance of the brain, or outside the nervous masses. The symptoms are usually sudden, and its development most rapid.

Modes of Attack and Warnings.—Apoplexy may come

on *suddenly* or *gradually*. The patient may be suddenly struck—falling, at once bereft of motion and consciousness. Such a case is termed *Primary Apoplexy*. More frequently, however, Apoplexy is indicated by well-marked premonitions, which are, chiefly, Headache; giddiness, particularly on stooping; fulness and pulsation of the blood-vessels of the head; Epistaxis; retinal Hæmorrhage; sleepiness, with heavy or snoring breathing; transient blindness, considerable difference in the sizes of the pupils; deafness, or noises in the ears; momentary loss of consciousness, with or without indistinctness of speech or incoherent talking; flashes, motes, etc., before the eyes; Vomiting, numbness, or tingling in the hands or feet; unsteady gait; partial Paralysis, sometimes involving the muscles of the face, sometimes those of a limb; the patient becomes comatose, and drowsiness gradually increases to perfect *Coma*. This is called *Ingravescent* Apoplexy, because the symptoms become worse *gradually*, and is far more serious than a primary case, because we have evidence that the cause of the symptoms is still in operation, and because such a case is always hæmorrhagic, and the brain has undergone organic and permanent changes. On the other hand, a primary case may be a congestive variety, and the condition may pass off without any permanently injurious result.

Symptoms during a Fit.—These vary according to the seat and amount of the hæmorrhage, and are sometimes so vague that cerebral hæmorrhage can only be suspected. Pain in the head, giddiness, faintness, sickness, labouring pulse, succeeded by some reaction, may only be present. In the early stage of an ingravescent case, before the patient becomes comatose, there is great depression in the circulation from the shock to the nervous system; the surface is cold, pale, and clammy, and the pulse frequent, small, and weak. As Coma comes on, the pulse becomes full, slow, and

laboured (passes slowly under the fingers); the surface warm, sometimes preternaturally so, and perspiring; the countenance has a peculiar bloated appearance, and is often congested; the pupils are insensible to light, and usually dilated, although one or both may be contracted; the breathing is stertorous from Paralysis of the soft palate; the urine is retained from inaction of the bladder; and the bowels are sluggish.

One or several of the above symptoms may, however, occur as the consequence of Indigestion. Vomiting and Headache are more important as indications when they come on suddenly without any obvious cause, and not on first rising in the morning; and the vomiting, or efforts at vomiting, are continued beyond the emptying of the stomach; if these symptoms are associated with degeneration of the arteries, and Albuminuria, we may suspect the existence of clots of blood in the brain.

Predisposition.—(1) *Age*. After fifty, Apoplexy is one of the most frequent causes of death. This arises not so much from the years of a man's life, as from a bad constitution and tissue-depravation, not often present in early life. After the middle period of life, the capillaries become impaired, and, as a consequence, the veins congested. "The cerebral arteries also are often diseased; the heart has often acquired an abnormal power, driving the blood with great violence, and with an increased momentum, towards the brain, while the lungs have their functions so impaired that the blood is only imperfectly oxygenated; and all these are causes of Congestion, and of tendency to rupture of the vessels of the brain" (*Aitken*). (2) Intemperance, excessive eating or drinking, uncontrolled passion, pressure about the neck, too close mental labour, or other habits of life that lead to cerebral Congestion. (3) *Disease* affecting the heart, kidneys, or blood-vessels of the brain; suppressed Hæmorrhoids or menses.

Apoplexy not often suddenly fatal.—A popular opinion, to some extent shared by the profession, is current that an effusion of blood in the brain is a frequent cause of sudden death. In stories and theatrical representations the characters are made to die suddenly of Apoplexy; in newspapers, too, accounts are often given of sudden deaths attributed to it. This error has also been fostered by another equally common, namely, that persons with a short thick neck and red face are most liable to Apoplexy. It is true that such persons often die suddenly, but the suddenness of the death is generally due to heart-disease. A man with a red face has no more blood in his head than another with a pale face; and if blood is poured out into the brain it is because the diseased blood-vessel could no longer avert the fatal mischief. It is, then, a person with diseased arteries in whom Apoplexy is likely to occur, and this may exist in those who are pale and thin and have long necks. Dr. Wilks states that he once knew a gentleman who had such an extraordinarily red face that some young friends disliked to walk the streets with him, lest he should die of Apoplexy. This gentleman, whose face was of a deeply purple hue, died of heart-disease. "Although cerebral Hæmorrhage sometimes kills *rapidly*, it does not kill *instantly*, as rupture of the aorta, or heart-disease, sometimes does" (*Jackson*).

Causes.—The main cause of Apoplexy is disease of blood-vessels; hence the increasing liability to it with advancing age. The gradual degeneration or ossification of arteries common to old age renders them inelastic, and as the blood is forced on them by the action of the heart, they give way.[1] Hæmorrhage within the cranium is sometimes caused by the bursting of *Aneurisms* involving the arteries of the brain. The idea that increased pressure on the blood-vessels of the brain, as during exertion or rapid movement of the body, is

[1] For a fuller account see the Section on *Old Age and Senile Decay*.

an *originating* cause of Apoplexy is incorrect; there must be actual degeneration of the arteries, the process probably of years, before they can give way. The *predisposing* cause of Apoplexy is general bodily unsoundness, which may be especially due to granular disease of the kidney, or Hypertrophy of the left ventricle of the heart. Apoplexy is almost always the local expression of a general constitutional failure: hence it is classed as a constitutional disease.

Diagnosis.—*Apoplexy* is distinguished from *Epilepsy*, in that the latter begins with a scream, is always attended by Convulsions, and much frothing at the mouth; symptoms which do not occur in Apoplexy. In distinguishing it from *intoxication* or *poisoning with opium*, the history and circumstances of the patient must be considered. Is he likely to have been drinking? Is there an odour of spirits in the breath? Has he been low-spirited or in any difficulties likely to have led him to swallow poison? It is from such circumstances, considered in connection with the entire history of the case, that we must make our diagnosis; the condition of the brain, especially in the advanced stages, being nearly the same in all these cases. The importance of promptly recognising Apoplexy from alcoholic or narcotic poisons arises from the difference in the immediate measures that would be taken in the one or the other case. An emetic, or the stomach-pump, might remove in the one case what, if suffered to remain, might lead to serious or even fatal results; while in the other case wholly different measures would be necessary. It is obviously far better to mistake drunkenness for Apoplexy than Apoplexy for drunkenness, and when any one is found deeply insensible he should be carefully attended under the direction of a medical man. Even if death could not possibly be averted, it is sad that a human being should die of cerebral Hæmorrhage in a police-cell. Under any circumstances, then, an unconscious person

needs our care, for he may be so from a combination of causes; a drunken man may have had his blood-vessels ruptured by a blow on the head; or a drunken debauch may coincide with the breaking up of his cerebral arteries.

EPITOME OF TREATMENT.—

1. *For the premonitory symptoms.*—Nux V., Acon., Atrop.

2. *Cerebral Hæmorrhage.*—Acon. (strong tinct.), Bell., Opi.

3. *Sequelæ (Paralysis, etc.).*—Acon., Bell., Phos., Cocc., Rhus.

LEADING INDICATIONS.—

*Aconitum.*—Full, rapid, and strong pulse; dry, hot skin. This remedy is suitable for the premonitory symptoms, and for an actual attack, and both immediately and remotely is infinitely superior to the abstraction of ten, sixteen, or twenty ounces of blood; indeed venesection has been proved by statistics to increase the mortality.

*Belladonna.*—Red, swollen face, throbbing of the blood-vessels, convulsive movements of the face or limbs, dilatation of the pupils, loss of speech, Suppression or involuntary discharge of urine, etc.

*Opium.*—Drowsiness, Stupor, or profound Coma; stertor and irregular breathing; bloated face, stupid and besotted expression, half-open eyes, contracted pupils; cold extremities.

*Nux Vomica.*—Congestive conditions of the brain favouring Apoplexy. Even when effusion has taken place it is often the best remedy unless active febrile symptoms call for *Acon.* *Nux V.* is particularly valuable for patients who have spent a sedentary life, and indulged in rich diet, wine, etc.

*Phosphorus.*—This remedy retards or corrects the *calcareous degeneration* of the arterial blood-vessels, which we have stated to be the great cause of the disease. It may be given when such a change is *suspected,* and also during recovery from a fit of Apoplexy from that cause.

ADMINISTRATION.—During a paroxysm, one or two drops of

the tincture in a teaspoonful of water, or on a small piece of sugar, every fifteen or thirty minutes; in *threatened* Apoplexy, a dose every hour; as the symptoms are subsiding, every three to six hours.

Accessories During a Fit.—1. If possible, the patient should be immediately conveyed to a large apartment where the cold air can freely circulate around him. 2. The neckerchief, and bandages of every kind, loosened, and the patient placed in a warm bed, with the head moderately raised. 3. Warmth should be applied to the extremities and axillæ, cloths wrung out of hot water, and renewed as soon as they become cool, to the head; and a sinapism to the epigastrium. 4. At the same time, one of the aforementioned medicines should be given, chiefly *Acon.*, *Bell.*, or *Opi.*

After a Fit.—Should the patient recover from the fit, great and unremitting care must be observed to prevent another attack. The diet should be light, but nourishing; milk, light puddings, cooked vegetables, fish, etc., are extremely valuable; a full animal-diet should not be allowed till all fear of a relapse is passed; and stimulants should almost invariably be avoided. Moderate exercise of the muscles is a remedial agent of high value; it tends to promote a more active circulation through the entire system, and, consequently, to diminish the pressure on blood-vessels which a little extra force might cause to give way. If active exercise cannot be taken, frictions performed by a second person by means of towels or flesh-brushes over the surface of the body and the extremities are necessary. The causes of the disease should as far as possible be avoided or modified.

Preventive Measures.—Undeviating temperance in eating and drinking. Physical and mental exertion and excesses of every nature; fits of passion or excitement; sudden changes of temperature, over-heated rooms, warm baths, wet feet, etc., must be uniformly avoided. Errors in diet,

exposure to a hot sun, violent emotions, etc., may excite the gravest symptoms in persons predisposed to Apoplexy.

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## 78.—Sun-stroke[1] (*Solis Ictus*)—Insolation—Sun-fever—Coup de Soleil—Heat-stroke.

Definition.—A Paralysis of all the functions of the brain, occurring either gradually or suddenly, excited by heat, sometimes following exposure to the direct rays of the sun, particularly when to heat is added the pressure of tight and unsuitable clothing.

Symptoms.—The affection is generally preceded by premonitory symptoms, such as thirst, heat, and dryness of skin; Vertigo; Congestion of the eyes; frequent desire to micturate; Syncope follows, and is often instantly fatal; or insensibility and stertorous breathing occur, with or without Convulsions. In both varieties the mortality is high, and unexampled Congestion of the lungs is the most common morbid condition found after death.

Causes.—Besides the direct effect of heat, the fatigue consequent on continued physical exertion in a heated atmosphere, combined with breathing vitiated air in crowded apartments, or close hot nurseries, predisposes to an attack. Hence its frequency amongst our soldiers who in eastern countries are exposed to great heat, have to carry heavy accoutrements, and often sleep in crowded barracks, etc. "Two points are remarkable in the history of Sun-stroke—viz., its extreme rarity in mid-ocean, and at great elevations. In both cases the effect of the sun's rays, *per se*, is not less, is even greater, than on land and at sea-level; yet in both Sun-stroke is uncommon; the temperature of the air, however, is never excessive in either case" (*Dr. Parkes*).

[1] See *H. World*, v. iii. p. 179; v. v. p. 8; v. vii. pp. 173, 195.

Treatment.—If there be *no convulsions*, the patient should be quickly stripped, placed in an empty bath, and suffused over the neck and shoulders till the temperature is reduced below 102°. *Camph.* should be inhaled, and given on sugar. A teaspoonful of brandy-and-water (half of each) may be given instead. When the danger is over *Acon.* may be given every ten minutes. If there be convulsions, the patient should be placed in a tepid bath, and cold water added till the temperature of the body is reduced to 98°. *Camph.* and *Acon.* may be given as in the other case. *Bell.* is to be preferred to *Acon.* if the eyes be staring and glistening.

*Glonoine.*—Very severe heavy and throbbing pain in the head, particularly at the back; or, sudden loss of consciousness.

*Belladonna.*—Violent dizziness, or sudden falling down as if from Apoplexy; redness of the face.

*Camphor.*—Great depression of the pulse, and pale face, with violent distress in the head; followed immediately by a reaction—flushed face, accelerated pulse, etc.

The *effects* may usually be met by *Bell.*, *Hyos.*, or *Glon.*

Accessory Means.—It is now generally agreed that Sunstroke follows a depressed, and not, as was formerly taught, a stimulated condition of the nervous centres. The treatment, therefore, by the lancet, which a few years since was the orthodox method, and supposed to be strongly "indicated," has been generally abolished, and that by cold douche, or cold compresses constantly applied over the head, neck, and chest, is almost universally adopted.

Prevention.—Clothes should be light and loose, especially avoiding undue pressure on the veins of the neck. *Flannel* tends to prevent chills. Spirit-drinking, particularly in India and other hot climates, should be discontinued, as it undoubtedly predisposes to attacks.

## 79.—Chronic Hydrocephalus (*Hydrocephalus longus*) —Dropsy of the Brain—Water in the Head.

Definition.—A local dropsy, consisting of a collection of watery fluid within the cranium, which may be congenital or acquired.

It generally occurs within the first year, before the sutures and fontanelles are closed, so that the bones yield to pressure from within. Infants are sometimes born hydrocephalic, when it is an occasional cause of difficult labour. Instances of the disease attacking children in the seventh or eighth year have been reported, and in some extremely rare instances the disease has first appeared at a more advanced age. Dr. Watson mentions the case of a distinguished young lawyer, who had one or two attacks of loss of consciousness while engaged in the Court of Chancery: by degrees he became dull, forgetful, insensible, and shortly died from watery fluid within the skull. The celebrated Dean Swift died of this complaint at the age of seventy-eight, three years after the commencement of the disease. In these instances, after the sutures are closed, the bones cannot yield to pressure, and the size of the head is natural; the collected fluid therefore distends the cavities within the head, and causes an anæmic and wasted condition of the brain-substance. In children, the bones of the skull are separate, sometimes to an enormous extent, so that the head has been known to measure twenty-four, thirty-six, and even thirty-nine inches in circumference, from the varying quantity of fluid. The head is irregular in shape, and somewhat flat on the top; rarely, it assumes a sugar-loaf shape, or a bag of fluid hangs behind.

Symptoms.—The *premonitory* indications of this disease are not very distinctive: there may be squinting or rolling

of the eyes if the disease be congenital, followed by Convulsions and enlargement of the head.

The most marked features are—a disproportion between the size of the skull and that of the face, the fontanelles are wider than usual, and the bones feel thin under pressure of the fingers. Emaciation is generally present through non-nutrition; in some cases there is an unnatural fat condition. If an infant, he sucks well, even voraciously, and yet he does not grow; his bowels are constipated, and his motions unhealthy. The gradually-increasing head soon attracts notice: the anterior fontanelle pulsates, there is heat of the head, and the child becomes very restless. Fluctuation may be felt by applying the hand to the top of the head; the hair ceases to grow as usual; the face appears small and triangular; the countenance is dull, having an aged appearance; and the patient is continually wishing to lie down. In unfavourable cases, the senses become impaired; Paralysis sets in; and the patient dies from exhaustion, Convulsions, or Spasmodic Croup, to which such children are liable.

The duration of the disease varies from one to eight, or even ten years. Should effusion be arrested, the accumulation of serum already present remains, for it is never absorbed.

Causes.—Chronic Hydrocephalus is usually associated with the scrofulous cachexia; sometimes it follows Scarlatina, Hooping-cough, or Measles. The most common exciting causes are—undue exposure to heat or cold, injuries of the head, suppressed eruptions, or extended Inflammation of the ear. "One warning may be learned from this disease, namely, that it is said to be most common in the children of parents addicted to drunkenness, and from this cause it often runs in families" (*Aitken*).

Treatment.—The best remedies for this disease are those adapted to the constitutional cachexia: these are—*Calc.-C.*,

*Sulph.*, *Ferr.-Iod.*, *Sil.*, etc., the indications for which will be found in the section on "Scrofula."

*Bell.*, *Apis*, *Ars.-Iod.*, *Hell.*, *Dig.*, or *Merc.* may be required as adjuncts.

The *Accessory Treatment* is the same as that recommended for Scrofula. Tapping the skull is admissible in some cases.

Prevention.—Dr. Von Grauvogl states that in families in which hydrocephalic children have been born, he has succeeded in preventing recurrence of cases by single alternate daily doses of *Sulph.* 6, and *Calc.-Phos.* 6, given to the mother during the term of pregnancy.

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## 80.—Paralysis (*Paralysis*)—Paralytic Stroke.

Definition.—Paralysis, or Palsy, is a condition in which there is loss of motion, to a variable extent, associated with disease of the brain or spinal cord, from injury to, or pressure upon, a nerve-trunk, or from the action of a poison.

There are many different forms of Paralysis, some of which, with their chief causes, are as follows:—

Hemiplegia is that form of Paralysis in which one lateral half of the body is affected from disease of the opposite half of the brain, the parts generally involved being the upper and lower extremities, the muscles of mastication, and the muscles of one side of the tongue, and the patient is said to have had a "paralytic stroke."

Hemiplegia may be very partial, as when it affects the third nerve only, causing dropping of the upper eyelid, to which that nerve sends branches, so that it cannot be raised except by the hand. This condition is termed *Ptosis*. The eye is also sometimes turned outwards or inwards (*squinting*) from a similar affection.

The chief *causes* are—cerebral Hæmorrhage (*Apoplexy*), obstruction of the blood-vessels of the brain, and consequent cerebral softening. The general pathology and treatment are the same as pointed out in the Section on Apoplexy.

Paraplegia is a form of Paralysis, more or less complete, of the *lower half* of the body, in which the legs, and perhaps also the muscles of the rectum and bladder, are implicated. It is caused by disease of the spinal marrow, or of its membranes, or of the vertebræ, so that the marrow is either pressed upon or disorganised. It may also arise as one of the symptoms of chronic cerebral disease.

Facial Paralysis is a local Paralysis of the *portia dura* nerve, from cold, and must be distinguished from Hemiplegia, in most cases being quite independent of disease of the brain, and is probably due to swelling of the investing membrane of the bones through which the nerve emerges, or from the pressure of enlarged lymphatic glands, or the sudden exposure of a warm face to a cold draught. Sometimes it is due to growth of tumours at the base of the brain.

The features are drawn up to the opposite side; but there is still sensibility of the skin of the cheek, and the muscles of mastication act.

Other forms of Paralysis may be named: *General Paralysis*, or Paralysis of the insane; *Wasting Palsy*;[1] *Locomotor Ataxy* (*Tabes Dorsalis*); *Infantile Paralysis*; Palsy from *Lead*, *Mercury*, or other poisons; or from specific disease, as *Diphtheritic Paralysis*.

Epitome of Treatment.—

1. *Facial Paralysis.*—Bary.-Carb., Caust., Bell., Acon.

2. *General Paralysis.*—Phos. (*from degeneration*); Bary.-Carb. (*of old persons*); Merc.-Cor., Cocc., Coni.; Plumb. (*with wasting*).

3. *Hemiplegia.*—Nux V.,[2] Arn. (*especially of the left side*); Phos. (*Tabes Dorsalis*).

[1] See *H. World*, v. iii. p. 102. [2] V. ix. p. 13.

4. *Paralysis of the upper eyelid* (*Ptosis*).—Gels., Spig., Bell. (*of the face also*) ; Stram.

5. *Rheumatic Paralysis.*—Rhus, Arn., Acon., Sulph.

6. *Diphtheritic Paralysis.*—Gels., Coni.

7. *Paralysis of Painters.*—Opi., Iod., Cup.-M., Ars.

Accessory Means.—1. *Electricity*, or *galvanism*, judiciously employed, after the acute inflammatory symptoms have subsided, is an agent of great value. 2. The cold *douche*, bathing with salt water, or, if the patient be capable of the effort, sea-bathing, tends to promote the nutrition of the spinal marrow. 3. *Regulated exercise*—active when the patient is capable of it, passive when he is not—is of great utility in overcoming muscular rigidity, and restoring the functions of paralysed limbs. 4. *Well-directed frictions*[1] and *shampooing* tend to obviate the injurious results of continued pressure from lying on the paralysed parts.

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## 81.—Tetanus (*Tetanus*)—Lockjaw.

Definition.—A disease characterised by a contraction of voluntary muscles, general or partial, alternating with relaxation more or less complete, arising from an excited state of the spinal cord and medulla oblongata.

Causes.—Tetanus may be *idiopathic*—from some disorder of the blood or nervous system ; or *traumatic*—from a wound which produces local nervous irritation. The extraction of a tooth has caused this disease in the author's own experience. It may occur at all ages, but is probably most common in the young, and males are more liable to it than females. Sudden atmospheric changes seem to have considerable influence in producing the disease.

Symptoms.—There may be premonitory indications of an

[1] See "The Anatriptic Art," reviewed in the *H. World*, v. i. p. 191.

attack, such as fear, or sense of impending danger, or a disturbed state of the digestive organs. But the unmistakable symptoms soon appear, namely, inability to open the mouth fully (*Lockjaw*); painful expression of the countenance, convulsed or fixed features, the corners of the mouth being drawn up (*risus sardonicus*). When fairly set in, the Spasms of the voluntary muscles are of the most violent character, with much pain, and partial remissions. The pain is of that kind which attends ordinary cramp in the muscles, as of the legs, and is usually very severe. The breathing becomes loud and sobbing; if the muscles of the trunk are affected the body is jerked forwards (*emprosthotonus*), or backwards (*opisthotonus*), or is perfectly rigid (*tonic Spasm*), like a piece of wood. The mind continues clear; and when death ensues it is from exhaustion consequent on the frequency of the tetanic Spasms (*Erichsen*).

Epitome of Treatment.—

1. *Idiopathic Tetanus.*—Acon. (*from exposure*); Cham. or Cin. (*from worms*).

2. *Traumatic Tetanus.*—Nux V. (or Strychnia), Acon., Bell., Ac.-Hydrocy., Arn.

The remedy should be given in a low dilution, and administered every few minutes, as soon as the first indications are noticed. Surgical measures are sometimes necessary.

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## 82.—Hydrophobia (*Hydrophobia*)—Rabies.

Definition.—A disease resulting from the bite of a rabid dog, or from its licking an abraded portion of the skin, the chief characteristics of which are, severe constriction about the throat; spasmodic action of the diaphragm; a peculiar difficulty of swallowing, and consequent dread of fluids;

anxiety and restlessness; followed by exhaustion, Delirium, and death.

Symptoms of Rabies in the Dog.—According to Youatt, the earliest are,—sullenness, and frequent shifting of posture; loss of appetite; lapping his own urine; disposition to lick cold surfaces, to eat straws, *excrementitious* matter, and other rubbish; and fighting with his paws at the corners of his mouth. A very early and constant symptom is *change of voice*, every sound uttered being more or less changed.

The amount of *ferocity* varies; some show extreme fondness; while others bark and rush to the end of their chain to meet an imaginary foe; or, if loose, rush out, biting every one they meet. There is *no dread of water*, as in human beings, but, on the contrary, great thirst; and the saliva becomes viscid, and adheres to the mouth. In the last stages of the disease, the eyes become dull; the hind legs, and afterwards the muscles of the jaw, are paralysed; and the animal dies exhausted, in from four to six days. Next to the dog, probably the wolf, the fox, the jackal, and the cat, are most liable to Hydrophobia. Common errors are that no dog is mad which will lap water; that the animals only go mad in the dog days, and that the female dog is not liable to the disease. Muzzling is of little use. Homeless curs are most dangerous, and should be killed off.

Symptoms in Man.—These are not manifested till a period after receiving the infection, varying from a few weeks to one or two years; the wound having probably healed, and the scar presenting no remarkable appearance. Twitching and itching sensations are sometimes felt in the vicinity of the wound prior to an attack. Sometimes there is stiffness, or numbness, or partial Palsy; or the wound may be red and swollen; there is an indistinct feeling of uneasiness and anxiety, with giddiness, chills, heats, and a general feeling of being unwell. The special symptoms are arranged by

Mr. Erichsen under three heads; consisting (1) of a *spasmodic affection of the muscles of the throat and chest:* the act of swallowing commonly exciting convulsions, makes the patient afraid to repeat the attempt; hence the horror of all liquids which is so remarkable a feature of the disease: (2) *An extreme degree of sensibility of the surface of the body:* (3) *Mental agitation and terror,* which frequently mark the disease throughout. To these symptoms we may add, extreme thirst; the secretion of a remarkably viscid saliva, the effort to swallow which brings on the convulsive fits; Convulsions increasing in frequency and violence; lips and cheeks becoming livid, and perpetually quivering; till, at length, one fit lasts long enough to exhaust the remaining strength.

Cause. — A bite from an animal already affected with Rabies.[1] It is asserted and generally believed in India, that Rabies never originates in dogs, but can always be traced to a mad jackal or wolf entering a village or town, and biting the dogs. Close confinement, want of fresh water, unwholesome food, etc., may have some influence in developing the malady.

Treatment.—*Immediately* after a person has been bitten by a suspected animal, the wound should be sucked with all the force the patient can command, so as to encourage bleeding and the removal of saliva from the bitten part; and if he is too much alarmed or otherwise unable to do it himself, a friend should do it for him.[2] A ligature between the wound and the heart would also prevent the absorption of poison

[1] "The susceptibility of the human subject to this poison is by no means universal, for only ninety-four persons are known to have died out of one hundred and fifty-three bitten, making the chance of escape nearly as three to two."—*Aitken.*

[2] No danger attaches to the person thus sucking the wound so long as the poison does not come in contact with any abraded or otherwise imperfect surface of the mouth or other part of the body.

into the system. As soon after this as possible, a surgeon should excise the wounded part, care being taken to remove every portion touched by the animal, and to obtain a clean raw surface. The wound must then be washed by a stream of warm water, and afterwards freely syringed and covered with pure *Carbolic Acid.*

Remedies.—The chief are:—*Belladonna, Stramonium,* and *Scutellaria Lateriflora.* These medicines are on no account to supersede the local means just pointed out, but are to be used as additional preventives, or as palliatives.

*Belladonna.*—According to Hahnemann, this is the most sure preventive; and certainly no other drug has the power of simulating Hydrophobia to the same extent. Several very interesting cases of genuine Rabies, said to have been cured by this drug, are quoted in Hempel's "Materia Medica."

*Scutellaria.*—In the "New Remedies," Dr. Hale proves that this drug has caused nervous derangements similar to those of Hydrophobia, and cites cases of cure of the disease by this remedy.

Dr. Massy suggests the Turkish Bath at 140° to 170°; with drop doses of *Naja Trip.* 2.[1] Dr. Buissou recommends the vapour bath.

Dr. Aitken shows that after experimenting with nearly two hundred different drugs, in massive doses, *scientific medicine* has signally and totally failed, and adds: "All that remains is to mention the most leading experiments, with the hope that, as they have not been successful, they may not be wantonly repeated. . . . . In all probability no prophylactic medicine exists in nature, and the administration of any potent substance by way of prevention is worse than useless."

It is refreshing to contrast the above with Hughes's remarks in his manual of homœopathic "Therapeutics." After

[1] See *Hl. World*, v. ix. pp. 255, 287.

referring to the cases cured by *Belladonna*, he says: "I think you will feel inclined, if any one whose life you value has been bitten by a suspected dog, to keep such an one under the influence of *Belladonna* until the utmost limit of incubation has been reached. . . . . And if *Belladonna* has cured a single case, it has done more than all the resources of traditional medicine have been able to accomplish."

Precaution.—After a person has been bitten by a *suspected* dog, the animal should on no account be killed, for after all it may turn out that it was not really mad. By shutting it up and allowing it to live, the non-malignant character of the affection may be ascertained, and the patient's mind relieved of a most harassing fear, that might otherwise have tormented him for months or years.

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## 83.—Infantile Convulsions (*Membrorum distentio infantilis*)—Fits of Infants.

Infantile convulsions are the most frequent of the cerebral affections of children, and usually arise from some eccentric cause, as teething, but sometimes are forerunners of Hydrocephalus. In children, a convulsion generally takes the place of the rigor that occurs in adults at the commencement of acute diseases.

Symptoms.—In slight cases, the child suffers from twitchings of the muscles of the face, some difficulty of breathing, rolling of the eyes, etc. In severe cases, he suddenly becomes insensible, and the muscles of the head, neck, and extremities are convulsed; the eyes are insensible to light, and turned rigidly up and to one side; the face is usually congested, but sometimes pale; the lips are livid, and there is frothing at the mouth; the hands are generally firmly clenched, and the thumbs turned inward, with the fingers on them; the feet

are turned together, with the great toe bent into the sole, from the greater irritability of the flexor muscles. After one or two minutes the convulsions cease, either altogether, or recur in a short period.

Causes.—Irritation of the brain from pressure of a tooth upon an inflamed gum, or anything which over-excites the nervous system; disease of the brain; an insufficient supply of blood to the brain, as in badly-fed children; an impure supply of blood, as in the eruptive fevers; the irritation of worms; fright; powerful emotions of the mother; suppressed eruptions; Indigestion. The remote causes are hereditary constitutional taint, too early or late marriage of the parents, etc.

Treatment.—*Belladonna.*—Convulsions with determination of blood to, or Inflammation of, the brain, *hot, flushed face,* especially in stout children, who start suddenly in sleep, and stare wildly. Two drops of the tincture in a teaspoonful of water should be given early, and repeated every fifteen minutes for several times.

*Chamomilla.*—Spasmodic twitching of the eyelids and muscles of the face, one cheek red and the other pale. It is especially suitable for irritable children, and in fits from Indigestion. True brain-symptoms require *Bell.*

*Opium.*—Convulsions from *fright,* followed by *stupor,* with laboured breathing, and confined bowels.

*Cuprum.*—Red, bloated face, shrieking before an attack, which resembles an epileptic seizure.

*Cina* or *Ignatia.*—Convulsions from thread-worms.

*Aconitum.*—Fever — restlessness, flushed face — and for *threatened* Convulsions (in alternation with *Bell.*).

*Gelseminum.*—Convulsions from *cerebral diseases.*

Accessory Treatment. — All clothing about the neck, chest, and body should be loosened; the head raised; the face sprinkled with water, and plenty of fresh air admitted. A warm bath, at a temperature of 98° Fahr., is generally

advisable, as it tends to withdraw the blood from the brain to the general surface of the body. The head should be cooled by the application of a thin damp cloth frequently re-immersed in cold water. See "Warm Baths," Sec. 26.

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## 84.—Laryngismus Stridulus[1] (*Laryngismus Stridulus*)—Asthma of Millar—Spasmodic Croup—Child-Crowing.

Definition.—A spasm of the glottis, causing closure of the *rima*, generally occurring in the first sleep; and rarely lasting more than a few seconds.

Children are liable to it only during the first dentition; it may, however, occur in nervous, hysterical adults. It is due to nervous irritation, and attended with great danger, for the child may die in an instant.

Causes.—*Predisposing.*—It appears to be hereditary in some families. But it is mainly connected with a rachetic diathesis. It is found in children who have other characteristics of Rickets. The nervous system shares in the general debility, which is increased in the cases of those who live in close, unwholesome air, who are insufficiently nourished, or are fed with unsuitable food, or are brought up by hand, and of those who are delicate and reared with difficulty. These are always susceptible to the least excitement or depression.

*Exciting.*—The attack is often brought on by the most trifling causes; a draught of cold air, a simple cold, the irritation of a growing tooth, disorder of the stomach, constipation, diarrhœa, derangement of any function, a mere start, a dance, excitement or irritation of any kind.

Symptoms.—They come on suddenly, usually in the night. The child cannot inspire, struggles, gasps; presently, the air

[1] See *H. World*, v. vi. pp. 106, 131.

enters with a *crowing* sound, and, for a time, the child is well. But there may be relapse after an uncertain interval. Or the breath may not return so readily as we have indicated; the larynx may be absolutely closed; for there is no noisy breathing, no "croupy" sound. The child appears to have fainted, is very pale, slightly blue, not livid, except slightly in the lips; gasps and struggles for breath. Suffocation seems imminent. Presently the spasm ceases, the glottis opens, the air enters with a whistling, cooing, or *crowing* sound; the colour returns; and the paroxysm has passed away. Not unfrequently there are Convulsions; and particularly the muscular contractions of the thumbs, great toes, etc., which attend Convulsions.

Diagnosis.—Where these signs of Convulsions exist, the peculiar, characteristic, *crowing* inspiration of Spasmodic Croup is diagnostic. It may also be distinguished from Croup by the absence of cough, *hoarseness*, and fever, both before and after the attacks, and by the suddenness of its accession, the climax being attained almost in a moment.

Epitome of Treatment.—

*During the attack.—Prompt* administration of Acon., alt. Samb. (*fear of suffocation, dry cough*); Gels., Bell. (*Convulsions*); Ipec. (*much mucus*); Spong., K.-Bich., Cup.-M.

2. *During convalescence.*—Phos. (*cough with soreness of the chest*); Spong. (*dry, hard cough*); Carbo V. or Hepar S. (*hoarseness with wheezing cough*); Sulph.

Leading Indications.—

*Aconitum.—Spasm of the larynx*, inducing *difficult breathing;* febrile symptoms. In urgent cases, a dose every ten, fifteen, or thirty minutes. *Acon.* is of priceless value in spasmodic Croup, and often cures without any other remedy. If there be doubt as to the true character of the malady, it should be alternated with *Spong.* Even in true Croup, the

remedy chosen should be alternated with *Acon.*, as spasm frequently occurs during the course of the disease.

*Gelseminum.*—Occasional acute attacks, which do not yield promptly and fully to *Acon.*[1]

*Phosphorus.*—Cough, with soreness of the chest, following an attack.

*Sambucus.*—Burning, red, hot face, hot body, cold hands and feet, *during sleep; on awaking*, profuse perspiration on the face and body, which continues during waking hours; return of dry heat during sleep.

*Belladonna.*—*Red face, dilated pupils*, headache.

*Ipecacuanha.*—Bronchial irritation, *rattling of phlegm in the chest*, which is at times detached, and causes vomiting.

*Spongia.*—Weak or hoarse voice between the attacks.

ADMINISTRATION.—The remedy may be given in two- or three-drop doses in half a teaspoonful of water every ten minutes, for three or four times; after the attack is past, three or four times a day for two or three days, to prevent recurrence.

ACCESSORY MEANS.—The child should be promptly raised up as soon as he begins to struggle, and placed in a warm bath. Meanwhile, the throat should be fomented by means of a sponge wrung out of hot water. Fresh air should be admitted to the room by an open window. Ether or ammonia may be applied to the nostrils. A dash of cold water in the face or chest will sometimes excite respiration. Dr. Sylvester's method of recovery from Asphyxia might be resorted to (see Sec. on "Asphyxia"). As it is rare for more than one attack to occur in one night, the patient may be laid down again, and comfortably wrapped up, as soon as the fit is over. When teeth are seen to be nearly through, the gums should be lanced; the same purpose may be effected by the mother's rubbing the gum with a piece of loaf sugar. To

[1] See *H. World*, v. v. p. 62;

avert further attacks, and to counteract the constitutional tendency, good hygienic conditions should be secured, and exciting causes, especially such as arise in the digestive organs, should be removed. *Plenty of fresh, pure air* is imperatively required; the danger of catching cold is less than that of Spasm. Cod-liver oil should be given. The constitution must be strengthened by generous diet, adapted to the age of the child. The cold or tepid bath should be in daily use. Excitement should be avoided; quiet fondling is better than romping.

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## 85.—Epilepsy (*Epilepsia*)—Falling-Sickness—Fits.

Definition.—Sudden and complete loss of consciousness and sensibility, with spasmodic contractions of the muscles, lasting one, two, or three minutes, recurring without any typical regularity, and followed by exhaustion and deep sleep. The Greek term, Επιλῆψια, from which the name is derived, means literally a *sudden seizure*. The definite anatomical nature of the lesion is unknown; but there is a high probability that the *Medulla Oblongata* and the base of the brain are the parts from which the excitement of the motor nerves proceeds, which leads to the muscular Spasm.

Epilepsy is no new disease, and was perhaps as well known ages ago as at present. Notwithstanding our views of the gravity of the malady, greater importance was anciently attached to it from its being regarded as a direct infliction of the celestial powers, in token of their displeasure towards the individual afflicted, or towards the community of which he was a member. In the Jewish, Grecian, and Roman philosophy, it was made the foundation of the belief of possession by evil spirits.

The Aura Epileptica.—In the majority of cases, the premonitory symptoms are too brief to allow the patient to

remove to a convenient place, or even to give an intimation of what is about to happen. In other instances, an approaching seizure is clearly indicated for many minutes, or even hours, before its actual occurrence. The kind of warning is variable in different cases, often consisting of such symptoms as Headache, shooting pains, giddiness, indistinctness of vision, sparks of various colours, humming noises, or loud reports, strong odours, sneezing, strange tastes, hoarseness, irritability, gloomy mood, spectral illusions, etc. But the most striking premonition is that called the *aura epileptica*, a sensation compared to a stream of warm or cold air, to the trickling of water, or to the creeping of an insect, which commences at the extremity of a limb, and gradually runs along the skin towards the head; or, occasionally, it gets no further than the pit of the stomach; and, as soon as it stops, the fit occurs. A knowledge of these circumstances is important, as, in some instances, time is afforded to interpose remedies that may avert the paroxysm, or at least to secure the patient's safety during a fit.

A Fit.—The patient utters a loud shriek or scream, and falls suddenly to the earth, convulsed and insensible. The cry is peculiar and often terrifying, not only to mankind, but also to the brute creation. The convulsive movements, especially of the head and neck, are often very extreme, one side being frequently more affected than the other; there is violent closure of the jaws; the tongue is liable to be bitten; a foam issues from the mouth, often coloured by blood; the eyes quiver and roll about, or are fixed and staring; the hands are firmly clenched, and the thumbs bent inwards upon the palms; urine, etc., sometimes escape involuntarily; the breathing is impeded by Spasm of the larynx, and performed with a hissing sound; the cheeks and lips are of a deathly pallor, the veins of the neck and forehead are greatly distended, the heart acts tumultuously, and death seems

inevitable. Gradually, however, the symptoms remit, and the patient is left insensible and apparently in a sound sleep. A fit rarely lasts longer than from one to three minutes, although the painful nature of the spectacle makes it appear longer to a bystander.

Symptoms following a Fit.—Some few patients recover perfectly in a few minutes; some regain consciousness and then sink into profound sleep; but more frequently consciousness is not immediately recovered, the slumber succeeding the struggles without any lucid interval. On emerging from the slumber, the patient may merely feel languid and inert, or like a person stunned, or in a state bordering upon idiocy, unconscious of what has passed.

Grand Mal and Petit Mal.—The fit just described is *le grand mal* of the French; but there is also a milder form of the disease—*le petit mal*—in which there is but slight, or even unobserved, convulsion, only a transient pallor of the face, no bitten tongue, no foam, and but slight and momentary obscuration of the mental faculties. There is an endless variety in this form of the malady. But, although imperfect, it is yet real Epilepsy, and the "*petit mal*" and the "*grand*" often alternate, or the lesser grows into the greater.[1]

Consequences.—These are generally most disastrous both on the physical and moral condition. Oft-repeated, severe attacks tend to destroy control of the appetite and passions, enfeeble the memory, impair the intellectual faculties, and, in some instances, terminate in irremediable imbecility, or general Paralysis. These patients rarely attain old age.

[1] The following is an illustration from Trousseau of the *petit mal*:—A child in the midst of his play stops, slowly turns his head to the right side, and gazes with wide-open eyes. There is no spasm of the facial muscles, but insensibility is at the same time so profound that a needle passed into his flesh is unfelt. In about five seconds the child regains consciousness, but looks perplexed, or as though just awakening from a distressing dream. In a quarter of a minute more the attack is over, and the child resumes his play.

CAUSES.—The most common is *hereditary* tendency. Thus two or more cases may be observed to occur in the samo family far more frequently than they would as mere coincidences. Hereditary tendency may be manifested by what has been termed the convertibility of nervous disease. Thus, a choreic patient may beget an epileptic child, or *vice versâ*. This holds good of all neurotic diseases. Intermarriage of families having a tendency to nervous disease greatly strengthens the danger to the offspring. The marriage of near relations having such proclivities magnifies the danger immensely. Injuries of the skull; local irritation, as a splinter or shot under the skin, or in some internal organ; Tumours; Inflammations; parasites in the brain; malformations of the skull, as one half being unlike the other; osseous deposits within the cranium, especially spiculæ of bone formed on the inside of the *dura mater*. In *post-mortem* examinations, the bones of the head are sometimes found thickened or otherwise diseased. It is well known that Epilepsy is most frequent in confirmed lunatics and idiots, as the result of some malformation of the brain. The most frequent *exciting causes* are—derangement of the nervous or sexual systems,—Hysteria, immoderate sexual indulgence, Self-abuse, and physical and psychical prostration from any cause. The age at which the attacks most frequently commence is from the tenth to the twentieth year, when the important change of puberty takes place. The other most frequent period is from the second to the tenth year, during which the permanent teeth are cut.

Fright, fits of rage, overstraining the mind, gastric disorders, the irritation of worms—especially tænia—menstrual irregularity or suppression, repelled eruptions—especially those about the head—and the sight of other epileptics, are also exciting causes.

TREATMENT.—*During a Fit.*—The patient's tongue should

be put back into his mouth, and a cork or linen pad fixed between his molar teeth; he should be laid on a couch or rug, fresh air freely admitted around him, his head slightly raised, and all ligatures relaxed that interfere with circulation and respiration. Throwing cold water on the face appears to do no good; and restraint should not be exercised beyond what is necessary to prevent exposure, or to guard against injury. In Epilepsy preceded by the *aura*, a firm ligature applied above the part where the sensation is felt, or the immediate inhalation of the vapour of *Nitrite of Amyle*, is said to prevent the attack. After the fit, the patient should be allowed to pass the period of sleep which usually follows without disturbance.

*Between the Fits.*—In addition to the administration of any remedy indicated, an endeavour should be made to discover, and then if possible to remove, the cause of the malady. But a cure is not always possible; and the obscurity which often surrounds the etiology of Epilepsy should tone down our prognosis of cure. Homœopathy, however, contrasts most favourably with Allopathy; even when cure is out of the question, the striking relief afforded is worth all the pains taken to obtain it.

Epitome of Treatment.—

1. *Recent Epilepsy.*—Ign., Ac.-Hydrocy., K.-Brom.
2. *Chronic.*—Bell., Cup.-Acet., Calc.-C., Sulph., K.-Hydriod.
3. *From worms.*—Cin.,[1] Sant., Filix, Teuc.
4. *From onanism, sexual excesses*, etc.—Phos., Ac.-Phos., China, Ferr., Ac.-Sulph.
5. *From fright, and for fits in sleep.*—Opi.[2]
6. *During Dentition.*—The treatment is similar to that prescribed in the Section on "Infantile Convulsions," and is generally successful.
7. *Additional remedies sometimes required.* — Chlor.-Hyd.

[1] See *H. World*, v. iii. p. 89. [2] V. viii. p. 142.

gr.ss.j (*Petit Mal*); Stram., Agar., Plumb., Ars., Hyos., Cic., Zinc., Zizia.

Leading Indications.—

*Belladonna.*—Sparkling of the eyes, dilated pupils, intolerance of light, flushes of heat in the head, and redness of the face, startings at the least noise, and other symptoms of cerebral congestion. If administered as soon as the indications of an attack are noticed, it may ward it off, or mitigate its severity. Hughes suggests *Glon.* for this purpose. *Bell.* is also useful when Epilepsy occurs during teething. (*See the Section on "Infantile Convulsions;" also "Chamomilla" further on.*)

*Cuprum.*—Indicated in preference to *Bell.* by *paleness* of the face, and by extreme severity of the Convulsions.

*Nux Vom.* (3x).—A striking cure in a case of sixteen years' standing is recorded in the *Medical Investigator* for 1870, p. 530. An attack was always preceded by constipation, and directly induced by anger, and marked by spasmodic rigidity of all the muscles, throwing back of the head, vertigo and dull pain in the occiput, buzzing in the ears, bloated appearance of the eyes, dryness of the mouth, flatulence, and numbness of the arms and legs. This remedy—twenty drops in half a glass of water, a dessert-spoonful every three hours—was administered in October, 1866, continued for eight days, and although the patient has been angry many times since, there has been no recurrence of the disease.

*Chamomilla.*—Epilepsy in irritable children; the attacks are often preceded by *colicky pains*, sour vomitings, and *paleness* of one cheek and *redness* of the other.

*Kali Brom.*—This remedy is largely prescribed both by homœopathic and allopathic physicians; and certainly, in numerous instances, it tends to diminish the severity of the attacks, and to lessen their frequency. The drug is not suited for attacks of the *petit mal*, and its effects are most striking

in recent cases. Its administration may be commenced in ten-grain doses three times a day, and, if necessary, the dose may be subsequently increased. After using this drug for a considerable time, in varying doses, we have not found its beneficial results more marked than those of the commonly-used remedies, especially *Bell.*, *Opi.*, and *Ars.*, and as troublesome complications sometimes arise from its use before good effects are obtained, we do not recommend its indiscriminate use.

*Kali Hydriod.*—Dr. T. K. Chambers recommends this drug as curative in recent cases, and ameliorative in chronic, and gives in his lectures interesting illustrative examples. We have used it with benefit in chronic cases.

*Artemesia Vulg.*[1]—Fits recurring every three to five weeks. Epilepsy from a suppressed eruption or discharge; or in scrofulous persons, and chronic cases. Under these conditions, *Calcarea* is also valuable.

Accessory Means.—Hygienic treatment, especially such as the causes of the disease suggest, is of great importance. Regular healthy exercise is beneficial, but it should never be carried too far, as fatigue often excites an attack. Epileptic patients require much rest and frequent change; boys and girls should not on any account sit at lessons for three or four consecutive hours.

Should fright, disappointment, anxiety, or other mental influences tend to keep up the disease, *a thorough change* is necessary, including change of residence, companions, and habits. All ambitious intellectual exertion, especially rapid reading and writing against time, should be absolutely prohibited. But "moderate employment of the thoughts especially on familiar and interesting hobbies, is useful in preventing that stagnation or concentration of the mind upon itself, which is so hurtful in all chronic complaints"

[1] See *H. World*, v. viii. p. 60.

(*Chambers*). Besides, the mind requires pabulum and exercise for its healthy growth. The *diet* should be nourishing and taken regularly, in moderate quantities, including animal food once or twice a day. As the appetite is often voracious, it should be judiciously controlled. Cold sponge-baths taken quickly, and followed by abundant friction, are favourable; but shower-baths do not usually agree, and bathing in the open sea is dangerous. All violent emotions, excesses of every kind, more especially sexual, should be strictly interdicted.

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## 86.—Chorea[1] (*Chorea*)—St. Vitus's Dance.

Definition.—A disease characterised by convulsive movements of the limbs, occasioning ludicrous gesticulations, and arising from incomplete subserviency of the muscles to the will. It has been wittily termed *insanity of the voluntary muscles.*

Causes. — *Fright,* irritation from dentition or worms,[2] Onanism, deranged uterine functions, Hysteria, and *descent from nervous, hysterical women.* A frequent cause is "contagion of the eye"—that is, patients seeing others suffering from the disease are liable to contract it. Thus *stammering and stuttering,* local manifestations of Chorea, are frequently the result of seeing or imitating others having the same defect.

Epitome of Treatment.—

1. *From fright.*—Acon., Ign.[3]
2. *From worms.*—Cin.,[4] Sant., Merc., Ign., Spig.
3. *From scrofula or other cachexia.*—Iod., Ars.; Ferr. (*with anæmia*), Sulph. See also the Accessory Treatment under "Scrofula."

[1] See *H. World,* v. vi. p. 105. [2] V. viii. p. 40. [3] V. vii. p. 76. [4] V. v. p. 244.

4. *From rheumatism.*—Cimic., Spig.

5. *From causes not traceable.*—Cup.-M., Bell., Agar., Stram., Hyos., Zinc., Ars. The last-mentioned remedy is an extremely valuable one, especially in uncomplicated cases. In our treatment it has proved of the greatest value, and often curative.

In febrile, rheumatic, anæmic, or strumous patients, a larger range of remedies is generally required.

General Measures.—The most important part of the treatment of Chorea consists in the use of moral influences, especially when the disease does not occur from any appreciable cause. (1) There must be removal from too sympathising friends; the patient being placed under the care of a kind but firm guardian. (2) He must be encouraged to exercise his will in the control of the muscles; if the hands be affected, he should be required to carry crockery or other fragile articles; or if the lower limbs, to walk on short stilts, etc.; if the muscles of speech be implicated, inducing stammering or stuttering,[1] "the best way is for the person to humble himself to the infant state, and be taught anew the use of language from those ingenious instructors who teach the deaf and dumb, and systematically learn to shape slowly and deliberately his mouth into the form requisite for definite enunciation. By practising thus at leisure, and before a looking-glass, he may gain great control over the articulating

[1] This form of imperfect speech must not be confounded with the stammering which arises from a habit of excited speaking, in which the patient's words splutter out of his mouth in hurried confusion, with an occasional hesitating interruption, leaving the hearer to arrange them as best he may. This may have been primarily induced by a nervous excitability, and may be overcome by the patient exercising control, and speaking each word *slowly and deliberately.* Some persons, after uttering a few words, suddenly stop, and the hearer must patiently wait for the next moiety of the speech; for if impatience be manifested, the interruption is only prolonged. This impediment may be controlled by learning anew the use of language in the manner above indicated.

muscles" (*Chambers*). (3) The patient must not be allowed to associate with others similarly affected; nor should his disease be enlarged upon in his presence; his attention should rather be diverted from it as much as possible. (4) *Galvanism.*—Benedict declares that out of twenty cases treated by him with the constant galvanic current, not one has failed to recover. (5) When the constitution is feeble, the best *hygienic* measures must be adopted.

*Forcible* control of the muscles only aggravates the disease.

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## 87.—Hysteria[1] (*Hysteria*).

Definition.—A functional disorder of the nervous system, not exclusively confined to women, and, therefore, not of necessity uterine, but occurring in persons of a morbid impressionability of the nervous centres, and in whom there is not that equilibrium between the nervous and other parts of the organisation which usually exists.

Formerly an opinion was current that Hysteria was directly due to disorders of the womb; but this we know to be incorrect, for it exists in women in whom all the functions of the womb are healthily performed, and even in women born without a womb; it is also occasionally met with in the *male* sex; men of exalted impressionability, under the influence of some powerful emotion, coupled perhaps with excessive bodily fatigue, break down under their feelings and play the part of women. We "look to see what organ is diseased, but find none; the machinery is good, but it is working irregularly; it is the engine with the fly-wheel gone."

Symptoms.—Hysteria is remarkable for the wide range and indistinctive character of symptoms, and the multitudinous diseases it may mimic; we may mention especially, loss of

[1] See *H. World*, v. iii. pp. 147, 164.

voice, stricture of the œsophagus, Laryngitis, a barking cough (more annoying to the hearer than to the patient), Pleurisy, heart disease, difficulty in urinating, Neuralgia, disease of the spine or joints, and many inflammatory diseases. In these cases the patient deceives herself, and by extreme statements of her sufferings often misleads others. In some cases there may co-exist with Hysteria, indigestion, a more or less definite affection of the head, chest, or abdomen, or other condition of impaired health or constitutional delicacy.

*The hysteric Fit.*—The patient screams or makes an incoherent noise, appears to lose all voluntary power and consciousness, and falls to the ground. On closely watching a case, however, it will be noticed that there is not absolute loss of consciousness: the patient contrives to fall so as not to injure herself or dress; an attack does not occur when she is asleep or alone; the countenance is not distorted, as in Epilepsy; the eyelids may quiver and the eyes be turned up, but the eyes are not wide open, nor the pupils dilated, as in Epilepsy, and the patient may be observed to see and to look; the breathing is noisy and irregular, but there is not such absolute arrest of breathing as to cause asphyxia; the fit continues for an indefinite period, followed by great apparent exhaustion, but not by real stupor.

Epitome of Treatment.—

1. *The hysteric fit.*—Camph., Mosch.
2. *Between the fits.*—Ign., Plat., Cimic., Aur.
3. *Undefined cases.*—Asaf., Bell., Puls., Staph., Valer., Cocc., Hyos., Nux V., Nux Mosch.
4. *Accessories.*—(1) Occupation and recreation. (2) Removal from injudiciously-kind friends. (3) The disuse of stimulants. (4) The shower-bath. For a fuller description of the causes, symptoms, and treatment, "The Ladies' Manual of Homœopathic Treatment" may be consulted.

## 88.—Hypochondriasis (*Hypochondriasis*).

Definition.—A functional disorder of the nervous system, attended with exaggerated ideas or depressed feelings, but without actual disorder of the intellect.

Symptoms.—The patient imagines himself, without sufficient ground, the subject of some serious disease, and is often haunted with the dread of insanity or of death. Frequently, at first, the patient considers himself dyspeptic from the fact that he is troubled with flatulence, has a furred tongue, foul breath, irregular appetite, and generally obstinate constipation. After a time he complains of a gnawing or burning pain, of uneasiness at the pit of the stomach, or of more serious disease. He has great hope of getting rid of his malady, and strong faith, notwithstanding repeated failures, in treatment. Afterwards, from attention being directed to particular organs, functional disturbances arise,—flushes, palpitation, suppression of bile, or bilious diarrhœa; symptoms which tend to confirm the belief that organic disease exists.

Causes.—Hereditary influences are potent and common: a taint of insanity, or other grave nervous disease, may be generally traced in near or remote ancestors. The development of the disease is usually in connection with the conditions of middle life, especially indolence and luxury; or, on the other hand, with anxiety and conscious failure in efforts to provide for relations and dependents. Severe shocks of a moral or emotional nature may give rise to the malady. The patient's complaints may, however, be not merely *fanciful*, but due to actual disease. Organic diseases of the liver or stomach are especially likely to evoke the symptoms of Hypochondriasis, or they may arise, or be excited into new action, by a concurrent morbid process. The statements and symptoms of a hypochondriac should therefore be carefully examined. It is often said that *reading medical books* frightens

persons into the disease. This cause must, however, be very limited and trifling compared with the more potent and general operation of such influences as grief, fatigue, the failure of efforts, or the miserable and heart-wearying habits of an *idle life*.

TREATMENT.—*Nux Vom.*—Hypochondriasis associated with affections of the liver, irritability, and fractious disposition.

*Aurum.*—Melancholy, which nothing seems to affect; loathing of life, or *a suicidal tendency;* religious melancholy; uneasiness, apprehensiveness, sullenness, and indisposition to conversation.

*Arsenicum.*—Melancholy, with debility; also for the *burning pains* sometimes complained of.

*Ignatia.*—Dejection caused by the loss of friends, pecuniary disappointments, or other depressing circumstances.

*Pulsatilla.*—Patients inclined to weep and of a quiet and gentle disposition, the reverse of the *Nux Vom.* temperament.

*Platina.*—Where the dejection is caused by derangements of the uterine functions, especially at the change of life. *Sepia* and *Anacardium* are also useful under similar conditions.

ACCESSORY MEANS.—The weary mind should be relieved, and vigour of body and cheerfulness of spirits secured by a course of out-of-door exercises, physical training, bathing, and suitable dietetic arrangements. Horse-exercise is particularly advantageous. Exercise should be employed in such a manner as may be amusing to the patient, and to the extent of the healthy action of the muscles, but never sufficient to produce severe fatigue. If Indigestion exist, the article on that subject should be consulted. Hypochondriasis from sexual vices requires the aid of a physician.

## 89.—Neuralgia[1] (*Neuralgia*).

Definition.—Severe darting, stabbing, or burning pain along a nerve-trunk or its branches, chiefly affecting those of the head and face, recurring in paroxysms, at regular or irregular intervals; in recent cases the periods of intermission are comparatively free from suffering; but in chronic cases, more or less persistent local pain and mischief occur, from some morbid condition of the nerves of sensation, produced by a local, or more frequently a general, affection.

Varieties.—The chief *superficial* Neuralgias are the following: (1) *Facial Neuralgia*[2]—the branches of the fifth pair of nerves are the seat of the pain; any one, or in rare cases, all three, of its divisions may be involved; it is commonly recognised as *Tic-douloureux*, and more frequently affects women than men. (2) *Hemicrania*, *Megrim*, or *Brow-Ague*—the seat of pain is on one side of the head, just above the eyebrow. (3) *Intercostal Neuralgia*, or *Pleurodynia*—often associated with an eruption of clustered vesicles (*Herpes zoster*). (4) *Sciatica*—Neuralgia affecting the sciatic nerve from the nates to the knee, and sometimes to the ankle; often associated with Rheumatism, indeed most frequently caused by it. (See Sec. 56.)

Of the *visceral Neuralgias* we may mention *Gastrodynia*—the disease being located in the nerves of the stomach; *Angina pectoris*—the cardiac nerves being involved; *Hepatic*—the nerves of the liver; *Ovarian*—those of the ovary; *Testicular*—those of the testicle.

Of all the varieties of Neuralgia, those described as *Tic-douloureux* or trifacial Neuralgia, and *Sciatica*, are most frequent.

Diagnosis.—Neuralgia may be distinguished from Rheu-

[1] See *H. World*, v. v. p. 52. [2] V. ii. pp. 16, 59, 73, 98.

matism by its paroxysmal character, and by the absence of swelling of the parts affected.

Symptoms.—Darting or shooting pain in the course of a nerve, of different degrees of intensity, at times almost unendurable; the severe form generally comes on suddenly, and is of a sharp, darting, or tearing character, coursing along the trunk or ramifications of the affected nerve. Sometimes there is spasm in the muscles that are supplied by the nerve thus affected; in some cases, heat and redness of the surface, with augmented secretion from the neighbouring organs, as a flow of saliva or tears when the nerves of the jaw or eyes are implicated; in others, and this is very common, especially in chronic cases, there are "*tender spots* at various points where the affected nerves pass from a deeper to a more superficial level, and particularly where they emerge from bony canals, or pierce fibrous fasciæ" (*Anstie*). In many cases, a paroxysm of Neuralgia is preceded by *anæsthesia* or diminished sensibility of the nerves of feeling. A frequent, if not an invariable, concomitant symptom is general or local *debility*. It is true, Neuralgia is sometimes supposed to be associated with muscular vigour or robustness, but a close examination will almost uniformly reveal evidences of deterioration in the nervous system. This is confirmed by the very common observation, that depressing agents—as bodily fatigue, or mental anxiety—act as exciting causes of Neuralgia, or aggravate an existing attack.

The duration of Neuralgia is very uncertain; an attack may pass off after a few paroxysms, or it may persist for many days or months, with a well-marked, or irregular, intermittent, or remittent character.

Neuralgia and Grey Hair.—The hair undergoes remarkable changes under the influence of Neuralgia. Dr. Anstie noted greyness of hair on the same side in eleven instances out of twenty: seven of these were cases of Neu-

ralgia of the ophthalmic division of the fifth nerve; in four of these cases there was greyness of part of the eyebrow on the affected side. The same observer has also noted fluctuation of the colour, the greyness actually increasing during, and for some time after, an acute paroxysm, the hair subsequently returning more or less to its natural colour.

Causes.—These may be *hereditary*, *constitutional*, or *local*. Neuralgia is distinctly *hereditary*, occurring in particular families, and appearing in successive generations. It is well known, also, that such neuralgic families are liable to the more profound derangements of the nervous system—Paralysis, Epilepsy, Hypochondriasis, and even softening of the brain and Insanity—indicating some congenital imperfections in the formation of the nerve-cells and fibres. This seems to be proved by the fact that, though a precisely similar accident occur to a hundred persons, not more than two or three will experience any Neuralgia; and these will probably be found to belong to a neuralgic family.

*Constitutional causes* are—Impairment of the general health; *depressing influences*, whether mental or physical, as night-watching, sleeplessness, anxiety, insufficient nourishment, or violent exertion; hæmorrhage and consequent debility; affections of the alimentary or urinary organs; exposure to wet and cold—to *strong and cold winds*, which are frequent causes of irritation to the animal nervous system; a gouty, rheumatic, or syphilitic taint; decay or loss of teeth; malaria; and, lastly, organic degeneration at the decline of life, which is the most severe and intractable form presented to the physician. The great majority of patients is found among the hard-working, the poor, and the badly-nourished classes; men suffering less frequently than women. The cause of this is, that men are better protected, both naturally and artificially, from the effects of exposure, and that women are tempted to indulge in brief exposures in the open air from

warm rooms without any suitable covering to the head, or any protection to the face. The face of man, on the contrary, is covered by a *beard* which shields him from injury by exposure. He also spends less time in the relaxing atmosphere of heated rooms, and enjoys to a greater extent the bracing effects of out-of-door exercise.

*Local causes* may be—wounds; lodgment of a foreign body in the substance of a nerve-trunk; gun-shot wounds, or other injuries; tumours, especially Cancer; spicula of bone pressing on the nerve (an occasional cause of facial Neuralgia); carious teeth or stumps. Even Neuralgia from injury is aggravated by any impairment of the constitutional vigour.

Treatment.—In many cases this must be both local and general. The first includes the detection, and if possible the removal, of any source of local irritation of the nerve, either at its origin or in any part of its course. The second includes the medicinal and general measures afterwards pointed out. A clue to the treatment may be gathered from the *causes*, for as these are various, it cannot be expected that any single drug, or any one plan of treatment, will be uniformly effective.

Epitome of Treatment.—

1. *Facial Neuralgia.*—Bell.,[1] Ars., Acon., Coloc., Spig.,[2] Phos.[3]

2. *Hemicrania or Brow-Ague.*—China, Nux V.,[4] Bell., Ign., Ars., Coff., Gels.

3. *Gastrodynia and Enteralgia.*—Nux V., Ars., Coloc.

4. *Neuralgia of the heart.*—Bell., Cact., Spig., Ver.-Vir.

5. *Sciatica.*—Ars., Coloc., Acon., Rhus Tox.

6. *Pleurodynia.*—Ran.-Bulb., Arn., Acon., Ars., Cim.

7. *From loss of animal fluids.*—China, Ac.-Phos., Phos.

[1] See *H. World*, v. viii. p. 241. [2] V. vii. p. 85. [3] V. vii. p. 271. [4] V. vi. p. 36; v. viii. p. 115.

8. *From mechanical injuries.*—Arn., Acon.
9. *From malaria.*—China or Sulph.-Quin.

Leading Indications.—

*Arsenicum.*—*Burning* or tearing intermittent *pains*, having a tendency to *periodicity;* pain aggravated by the continuous application of cold; increased *at night* or during rest, but lessened during exercise; generally first occurs on the left side, it may be of the face, involving the same side of the head, the eye, and the ear. There are generally associated with this form of Neuralgia, excessive restlessness, *anguish* and irritability, a *general exhausted or debilitated condition, small pulse, cold extremities*, etc. Influenza, malaria, overwork, or, more generally, some constitutional cachexia, may have caused the disease. Pure Sciatica. Hemicrania in paroxysms; with coldness or soreness of the scalp; wrenching pains at root of nose, bottom of orbits, in the ear or teeth; viscid sweat; sometimes dizziness, nausea, retching, and even vomiting of bile; rheumatic or arthritic Hemicrania; intercostal pain from debility. Constipation does not preclude *Ars.*

The judicious employment of this potent mineral is often attended with the most marked success in neuralgic affections. The homœopathic law, indeed, leads us to expect that it would be so, for immoderate doses of *Arsenic* cause true Neuralgia. Persons who have attempted to poison themselves with it are said to have suffered excruciating pains along the course of the nerves.

*Phosphorus.*—In Neuralgia from debilitated conditions of the nervous system, this remedy is equal or even superior to *Arsenic*, especially when due to mental overwork, or if associated with Megrim.

*Aconitum.*—*Facial Neuralgia from cold*, anxiety, or night-watching; the pains are severe, recur in paroxysms, are

worse at night; and are accompanied by congestion in the head, lungs, or heart. Recent acute *Sciatica.*

*Belladonna.*—Burning, creeping, cutting, tearing, lancinating and stinging pains, or throbbing intermittent pains, with one or both *cheeks flushed,* and sometimes swollen; eyes red and watering, pain around the orbit, with twitching of the muscles, sometimes irritation and inflammation of eyeballs; sensitiveness to sight and sound; illusions of sight and noises in the ears; *congestive* (not dyspeptic) *headache;* throbbing pain in the head, sense of undulation in the forehead, frontal headache worse on stooping, also tearing, boring, lancinating, and jerking pains in the head. *Tic-douloureux.* Rheumatic Neuralgia. Ovarian Neuralgia, with clawing, griping pain, much thirst and vomiting. Epileptiform Neuralgia. Neuralgia of the fifth pair, and Hemicrania, are the varieties chiefly curable by *Bell.* In most cases the appearance of the patient strongly contrasts with that described under *Ars.*, the *Bell.* habit being *plethoric.*

*Kalmia Latifolia.*—Facial Neuralgia. Pressing pain, with nausea; pressing headache, top of the head feels as if bound with a cord; muscles of eyes and eyelids feel stiff; dyspnœa with palpitation. Gastrodynia, coming on suddenly in paroxysms, moving from side to side, worse from motion, relieved by sitting up (especially in females). Dr. Ockford informs us that during 1873 he relieved more cases of general Neuralgia with *Kalm.* than with any other remedies: he mentions no special indications.

*Spigelia.*—Neuralgic headache and faceache, especially when the *eye is affected;* radiating in every direction; darting through from front to back; coming and going suddenly; running from eyes and nose; twitching of facial muscles; dyspnœa, palpitation of heart, and sleeplessness; worse in cold, damp weather, and from touch and motion.

*Staphysagria.*—Neuralgia of *lower jaw,* gnawing toothache

with swelling of cheek, increased by cold; aching, throbbing in whole face from teeth to eye; teeth and mouth symptoms resemble mercurial ptyalism; nervous, constrictive boring headache. Sciatica of the right leg; sharp pains during motion; constant aching of the whole limb, especially in the nates and pelvic region, while sitting; great general prostration.

*Colocynthis.*—Severe paroxysms of *cutting pains*, chiefly on the left side of the body; the lancinations are sudden, violent, and often extend from the point of origin to a distance; better in perfect rest, and from warmth and rubbing, worse by motion and touch. Facial Neuralgia, Enteralgia, and Sciatica, having these symptoms, are curable by this remedy.

*China or Quinine.*—Neuralgia from *malaria*, or from *loss of blood* or other animal fluids. *Brow-ague* from these causes comes within the range of this remedy.

*Rhux Tox.*—*Chronic Sciatica*, especially if associated with Rheumatism, stiffness, and lameness; the pains are worse on first moving the affected part, and at night.

*Rhododendron Chrys.*—Neuralgia of the extremities.

*Gelseminum.*—Of little service in pure Neuralgia, but useful in allaying nervous irritation and muscular twitching. Hemicrania with *disordered vision*, dim or double; thirst for light; dizziness; semi-stupor; periodicity. Acute myalgia from long-continued exertion. Not adapted to Pleurodynia.

*Coffæa.*—Hemicrania coming on in the morning and lasting all day; increased sensitiveness, wakefulness, and nausea. Neuralgia of lower jaw. Megrim. Mental work excites pain. See also section on "Toothache."

*Mercurius.*—Neuralgia of face and head; pain proceeding from bottom of the orbit, with sense of coldness round the eye; generally occasioned by *carious teeth*. See also Section on "Toothache."

*Aurum Met.*—Neuralgia of the *testes.* Mercurial cachexia with syphilitic complications. Megrim. Great depression of spirits. *Bone pains.*

*Phytolacca.* — Prosopalgia and Cephalalgia in syphilitic and rheumatic subjects; mercurial and syphilitic toothache; rheumatic neuralgia of back and shoulders; Sciatica; Proctalgia with pain along the penis.

*Ranunculus Bulb.*—True *intercostal* Neuralgia.

*Cimicifuga.*—Ovarian or uterine Neuralgia. Neuralgia of limbs.

*Pulsatilla.*—Neuralgia of uterus, with bearing-down pain; spasmodic pains in lower part of the abdomen; toothache of pregnant women; toothache from cold, with pain over the whole side of head, and especially at the ear.

*Hamamelis.* — Testicular and ovarian Neuralgia; pains shifting suddenly to stomach causing nausea and faintness.

*Veratrum.*—Neuralgia of one side of face and head, with sensation of *icy coldness* in the part affected; Neuralgia of fifth pair; stabbing pain in the brows; dull aching pains, worse by movement, and atonic contraction of muscles. Enteralgia, as if knives were cutting the bowels, chiefly on the left side; intense agony at very frequent intervals. Uterine Neuralgia.

*Sulphur.*—Tic-douloureux. Intermittent pain, especially on *right side;* pain in maxillary region, with chilliness in the evening, followed by heat and perspiration in the night, weariness, and inclination to lie down; pain aggravated at night, *gradually* increasing and subsiding.

*Ign., Nux Mosch., Bry., Caust., Iris, Chelid.,* are useful in some neuralgic conditions.

External Applications.—When the pain is excessively severe, and does not yield promptly to internal remedies, an *Aconite lotion* may be tried, and is often quickly successful. It is prepared by adding about a dozen drops of the strong

tincture of *Aconitum* to four tablespoonfuls of water, and may be applied hot or cold, as found most agreeable to the patient, by means of two or three folds of linen. Or *Bell.* may be used in the same way. Painting the course of the nerve, from the root, or where the nerve emerges from the deep fascia, with the pure tincture of *Acon.* or *Bell.* is often even more prompt in its action. Under various names, they are sold as homœopathic nostrums for Neuralgia.

*Chloroform liniment* is also recommended as a local remedy.

Accessory Means.—The *Diet* is an important part of the treatment, and should be as nutritive and abundant as the condition of the digestive organs will permit. It is especially necessary that *animal fats* should enter largely into the diet, and any aversion to them on the part of the patient, or inability to digest them, should be overcome; well-directed efforts of this nature are nearly always successful. The particular form of fat is not important, and that variety may be adopted which can be best tolerated. *Cod-liver oil,* butter, cream, or even olive-oil, should be used in quantities as large as the digestive organs can bear. "In some way or other, fat must undoubtedly be applied to the nutrition of the nervous system if it is to be maintained in its organic integrity, since fat is one of the most important, if not the most important, of its organic ingredients. . . . To Dr. Radcliffe belongs the merit of having been chiefly instrumental in bringing forward this therapeutical fact in this country, and it is one which I have had repeated occasions to verify. It is a very singular circumstance, also pointed out by Dr. Radcliffe, that neuralgic patients have, with rare exceptions, a dislike to fatty food of all kinds, and systematically neglect its use. And it has several times occurred to me to see patients entirely lose neuralgic pains, which had troubled them for a considerable time, after the adoption of a simple alteration in their diet, by which the proportion of fatty

ingredients in it was considerably increased" (*Dr. F. E. Anstie*). The Author has repeatedly found the administration of *Pulsatilla* helpful in removing the objection to fatty kinds of food.

*Protection from cold* is another important element in the treatment. Exposure to a cold, damp atmosphere, with insufficient clothing, often acts as an exciting cause of Neuralgia, and should be avoided, as every recurrence of the disease tends to develop the constitutional cachexia and to strengthen its hold on the system. Warm clothing, including flannel, is a great protection from atmospheric changes, and should be adopted by all neuralgic patients. *Bathing*, including salt-water baths, sponging followed by friction, or the manipulations of a clever *shampooer;* moderate and regular out-of-door exercise sufficient to favour nutrition without causing fatigue. A change of air, and sometimes entire change of habits, are necessary to ensure a cure. Lastly, *Rest* is an important item in the cure of Neuralgia, especially in the case of hard-working and overtaxed patients.

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## 90.—Nervous Sick-Headache.

Definition.—An affection marked by Headache, dislike for, or indifference to, food, and frequently nausea and Vomiting; due to cerebral exhaustion or idiosyncrasy, rather than stomachic disorder.

The derangement referred to in this Section is not simply that described as a *bilious attack*, or the Headache following a too heavy dinner, or the taking too much wine or spirits; for this may occur in any person from such indulgences; nor that resulting from the ingestion of some special article of diet, which only disagrees with particular persons; but to Headache from nervous causes.

Symptoms.—They usually commence on rising in the morning, the patient being pale, dark around the eyes, with contracted pupils, and looking and feeling extremely ill. Giddiness, swimming in the head, throbbing of the temples, and stupefying or agonising, deeply-seated Headache, often limited to one spot on the side of the head, on the forehead, or over the eyes, and increased by movement, noise, strong light, and any kind of mental perturbation. The gastric symptoms, clammy mouth, anorexia, nausea, and vomiting, or more generally retching—are secondary rather than primary, having no necessary connection with any impropriety of diet.

Sick-Headache and other Disorders.—It is most important to distinguish this affection from those acute diseases of which it is an inceptive or accompanying symptom, as Scarlatina, Typhus, Albuminuria, Inflammation of the brain, Apoplexy,[1] etc.

Causes.—*Predisposing.*—A peculiar nervous temperament which is often hereditary and runs in families. The real cause, therefore, lies deep in the patient's idiosyncrasy, and may be developed in numerous and widely different ways. The excessive use of tea or coffee is also in some cases a predisposing cause, also unhealthy occupations, sewage-gases, malaria, the employment of arsenic in wall-papers,[2] or in articles of dress, reflex Neuralgia from dental or other causes, a sedentary monotonous life with the use of alcoholic beverages, and probably other varying causes. *Exciting.*—What-

[1] A few hours before writing this article (Jan. 13, 1872), the author was hurriedly summoned to a case of Congestive Apoplexy, of which severe Hemicrania, and vomiting of greenish matter, had been the chief symptoms. On arriving at the house the patient was dead; and although the Headache and vomiting had persisted, with some intermissions, for several days, the case had been regarded and treated as an ordinary *bilious Headache*, from nervous depression.

[2] See *H. World*, v. vi. pp. 98, 121, 145, 160, 167, 241; v. ix. pp. 31, 80.

ever produces a powerful impression on the nervous system of a person thus predisposed may develop an attack, as fright, loud noises, exposure to a hot sun, a strong wind, or extremes of temperature. Moreover, mental or bodily fatigue, worry, the pressure of business or family anxieties, deprivation of sleep or of food, prolonged nursing, and other causes of nervous exhaustion, are invariably succeeded by nervous or, as it may be termed, asthenic headache. True Sick-headache, then, may occur in the most abstemious persons, and is not at all necessarily connected with a disordered digestive apparatus.

EPITOME OF TREATMENT.—

1. FOR THE ACUTE ATTACKS.—Nux V. (*congestive Headache with giddiness, Constipation*, etc.); Bell. (*with flushed face, heat of eyes, which also feel too large*); Bry. (*with vomiting of bitter fluids*); Glon. (*throbbing Headache*); Cocc. (*Sick-headache with much retching and but little except water or mucus vomited*); Ver.-Alb. (*Sick-headache with prostration, cold sweats*, etc.); Coff. (*nervous Headache with sleeplessness*); Cimic. (*nervous hysterical Headache of women, especially at the monthly period, or consequent on its derangement or cessation*); Acon. (*Headache from Catarrh, with general deranged circulation*); Iris (*copious vomiting, the ejected matter containing bile*). See also the Section on "Vertigo and Headache."

2. CHRONIC CASES AND BETWEEN THE ATTACKS.—Sulph., Sep., Calc.-C., Ars., Nux V., Sulph.-Quin.; Zinc. (*with general nervous depression*).

ACCESSORY MEANS.—The patient should lie down in a quiet room with a subdued light, and be kept from every kind of disturbance, so that, if possible, sleep may afford relief. Rest and sleep are the most natural restorers. Hot tea or coffee, which act on the nervous system, often give considerable immediate relief, although the excessive use of these beverages predisposes to subsequent attacks. If pressure relieve, the

wet bandage should be tightly bound round the head. Dr. Wilks, who has been a martyr to Sick-headache all his life, says this is the only means of procuring relief on which reliance can be placed. This method, he thinks, is instinctive as it is universal, and has been used in all times. He quotes Shakspeare, who often illustrates the morbid states of the body as well as the passions of the mind, and who testifies to the ancient practice here recommended. In the scene between Hubert and Arthur in *King John*, Arthur, when petitioning for the preservation of his eyes, says,—

"When your head did but ache
I knit my handkerchief about your brows."

And in *Othello* we have not only the remedy for Headache given, but the cause. The former was the handkerchief about which the chief interest of the play is centred:—

"DESDEMONA. Why do you speak so faintly?
Are you not well?
OTHELLO. I have a pain upon my forehead here.
DESDEMONA. Faith, that's with watching; 'twill away again.
Let me bind it hard, within this hour
It will be well."

During an attack, unless it is prolonged, entire abstinence from food is necessary; at least only the slightest nourishment — milk-and-lime-water, plain soup, etc.—should be given; copious draughts of hot water taken early often mitigate or shorten an attack.

PREVENTIVE TREATMENT.—The causes which predispose to or excite the paroxysm must be avoided, and the tone of the general health improved. For this, the knowledge and tact of the physician are necessary, for every case must be treated according to its individual peculiarities. *Tea* and *coffee*, although they sometimes give relief during a paroxysm, render the nervous system increasingly susceptible to the attacks, and we have known several patients enjoy complete

mmunity from the attacks by abandoning these beverages. The general regulation of the diet, the adoption of out-of-door recreation, and the general hygienic measures pointed out in the first chapter of this work, will prevent or minimise the affection. In some, when attacks frequently recur, *change of occupation, scene, and climate* are necessary to break up the tendency. The climate selected should be dry and bracing, and walking- or horse-exercise taken daily.

## CHAPTER IV.

### Diseases of the Eye.

### 91.—Simple Ophthalmia.—Conjunctivitis.

Ophthalmia is a general term for Inflammation of the conjunctiva—the mucous membrane which lines the eyelids and the front part of the eyeball. Formerly, when the eye and its diseases were less understood than they are at present, nearly all inflammatory affections of the organ were included under this term. There are several varieties of Ophthalmia, the most frequent being those described in this and the following Sections. First, *Simple Ophthalmia.*

Simple Ophthalmia differs in degree, rather than in form, from the variety next described. There is generally some itching, and a sensation of heat, or a feeling as of sand under the lids. We have introduced this form of conjunctivitis to suggest the necessity of an ocular inspection of the eye whenever a simple Ophthalmia does not quickly yield to treatment, for the sensation of a foreign body in the eye in such cases sometimes turns out to be correct.

Causes.—Exposure of the eyes to dust, smoke, impure air, cold winds, glare of light, exertion in using the eyes on too near objects, or some other local cause.

TREATMENT.—*Arn., Acon., Bell.* See Sections on "Leading Indications for Ophthalmic Medicines," and "Foreign Bodies in the Eye."

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## 92.—Catarrhal Ophthalmia (*Ophthalmia cum catarrho*).

SYMPTOMS.—A pricking pain, especially on moving the eye, as if there were sand or a little fly under the lid; sensitiveness of the membrane to cold air; watering of the eyes, and a secretion of mucus, gluing the lids together in the morning; bright redness of the conjunctiva. The redness in this form of Ophthalmia consists of bright-red, tortuous, interlacing lines. This is to be distinguished from Inflammation of the sclerotic coat of the eye, in which disease the lines are violet-coloured, straight, and radiating from the iris. The discharge is sometimes abundant, but less so than in the purulent form; it is also slightly contagious, more or less so according to the admixture of pus globules in the discharge. The most marked symptoms are—*redness*, an *increased discharge*, and *pricking pain:* the last is no doubt due to the irregular distention of the vessels, which disturbs the part mechanically, just as dust or a fly might.

CAUSES.—Vicissitudes of temperature, easterly and north-easterly winds, cold and damp, especially draughts of cold air.

TREATMENT.[1]—*Acon., Bell., Euphr., Merc.* See "Leading Indications for Ophthalmic Medicines."

ACCESSORY MEANS.—Exposure to currents of cold and damp air should be avoided, and if the weather is inclement during an attack, the patient should remain in a room of uniform temperature. A piece of lint, wetted in tepid or cold water, as may be most agreeable to the patient, should be laid over the eye, and covered with oil-silk, on retiring

[1] See *H. World*, v. vi. pp. 56, 57.

to bed. If the lids are agglutinated in the morning, they should on no account be opened without being first moistened with tepid water or saliva; but any gumming together may be prevented by smearing the lids at night with a little cold-cream or olive-oil, or by covering them with moist lint and oil-silk, as just recommended. As long as the eyes remain sensitive, they may be protected by plain blue or smoke-coloured glasses; they should be used with extreme moderation; crowded rooms, or air poisoned by tobacco-smoke or other impurities, should be avoided. The food should be simple, nourishing, and digestible.

PREVENTIVE MEANS.—Persons predisposed to Ophthalmia should guard against all needless exposures during the prevalence of *easterly* and *north-easterly* winds. In reading, writing, or when using the eyes on fine work, the morning hours should be chosen, when the light is growing brighter. The habits should, therefore, be early and regular; the beneficial influence of out-of-door air should be regularly taken advantage of; and bathing practised as directed in Sec. 26.

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## 93.—Purulent Ophthalmia (*Ophthalmia purulenta*).

DEFINITION.—Inflammation of the conjunctiva accompanied by chemosis and by considerable secretion of mucus and pus, which mingle with the tears.

SYMPTOMS.—These are more violent and destructive than those of either *catarrhal* or *strumous* Ophthalmia. The tingling sensations first experienced are soon followed by acute pains, which extend through the eyes to the temples and brain itself; the flow of tears is changed into a profuse secretion of pus, the lids are swollen, and there is almost total loss of vision. There are also constitutional symptoms, such as Headache, nausea, quick pulse, hot skin, etc.

Causes.—Sudden extreme alternations from heat to cold; the irritation of sand in the eyes; *metastasis* of Measles, Scarlatina, Small-pox, etc.; also endemic and epidemic influences, as crowding together of persons in ill-drained, dirty, badly-ventilated, and insufficiently-lighted dwellings.

*Egyptian* or *contagious Ophthalmia* arises when people are crowded together in filthy habitations, and was first brought into this country from Egypt by our troops, early in the present century; hence its name. It spread so destructively, that after the Napoleonic wars England alone had more than five thousand blind invalided soldiers to provide for. There are, however, many local influences which render the disease endemic in places besides Egypt. Overcrowding, defective ventilation, and want of cleanliness, are potent causes. It is very common among the Irish poor.

Treatment.—*Zinc.*, *Arg.-Nit.*, *Hep.-S.*, *Merc.*, *Ac.-Nit.*, *Phos.*, *Sulph.*, and, during the inflammatory stage, *Acon.* The first two may be used locally as well as internally. See Leading Indications for Ophthalmic Medicines, Sec. 95.

Accessory Measures.—Iced-water compresses, and *Acon.*, render the use of leeches wholly unnecessary. If but one eye is affected, the other should be bandaged as a precautionary measure. The strictest cleanliness is also necessary.

Prevention of the spread of Purulent Ophthalmia.—As the matter from an affected eye applied to a healthy one will produce a similar disease—by the use in common of towels, basins, etc., and even by infinitesimal particles in the air—the healthy should be separated from the diseased, and each person use his own towel, sponge, etc. Discharged soldiers affected with Purulent Ophthalmia have often been the means of propagating the disease among civilians.

## 94.—Purulent Ophthalmia of Infants (*Ophthalmia infantium purulenta*)—Ophthalmia Neonatorum.

Symptoms.—The eyelids become red and swollen at their edges, and are gummed together during sleep; a discharge is set up, which being removed, the conjunctiva is seen to be swollen, and so vascular as to resemble crimson velvet; the cornea looks smaller than natural, and as if sunk in the bottom of a pit. The infant is restless and feverish. The symptoms usually set in on the second or third day after birth, although occasionally not for two or three weeks.

Causes.—The most common is contact, in the vaginal passage during birth, with leucorrhœal or gonorrhœal discharge. Possibly there may be irritation of the eyes from neglect of cleanliness, the use of strong soap, or exposure of the eyes to a too bright light or a strong fire.

Treatment.—(1) *Mild cases.—Acon.*, and later, *Puls.*, *Merc.*, or *Hepar*, with cold compresses, and a frequent careful removal of the secretion with a soft sponge and tepid water. (2) *Severe Cases.*—"A *collyrium* of *Arg.-Nit.*, one grain to the ounce of water, is indicated when the discharge is copious and wholly purulent. This should be dropped into the eye, after it has been carefully cleansed from the discharge, twice a day. In a few days, if the profuse discharge still continues, and especially if the slightest haze upon the surface of the cornea indicates a complication in this direction, a solution of three to five grains of *Arg.-Nit.* to the ounce should be painted with a brush upon the everted lids, and immediately washed off with tepid water, or neutralised by the application of a solution of common salt and water No evil consequences whatever can result from this proceeding, and not unfrequently the beneficial results of it are seen after a single application. It need not be often repeated. I have unbounded faith in the homœopathicity, so to speak, of

a solution of *Arg.-Nit.* for that diseased state of the conjunctiva in which it secretes *a profuse purulent matter.* It should be employed judiciously, and the word judiciously means a great deal in this connection; for, probably, of all the remedies ever devised for the eyes, *Arg.-Nit.* has, by its injudicious employment during the last thirty years, done the greatest injury. Cold compresses should be employed to lessen the irritation immediately afterwards, and I prefer as internal remedies after *Acon.* in the commencement, *Merc.*[1] when the discharge is profuse, and the alternation of *Ars.* with this remedy if the cornea is ulcerated. It is advisable in this, as well as all other forms of conjunctivitis, *when there is Ulceration of the cornea,* to bandage the eye closely so as to prevent all friction between the lids and the ulcerated corneal surface" (*Dr. Angell*).[2]

As a local application, *alum-water lotion* (grs. vj. ad. ℥j. aq. dest.) is as efficacious as the *Arg.-Nit.*; indeed, in most cases no external application is required at all besides the use of tepid water to cleanse the affected surfaces; but if proper treatment be not commenced early, the eyes are often in danger of being materially injured or even destroyed, this disease being the most frequent cause of blindness among the poor.

PREVENTION.—Cleanliness of the mother before birth, and of the child after birth. The disease is *contagious,* and care should be taken to prevent the matter from the infant's eyes accidentally coming in contact with the eyes of other children, or even of grown-up persons. It also spreads by *infection,* and may be propagated through the air of a badly-ventilated apartment from one infant to another. At the same time, a suitable temperature should be combined with good ventilation, and pure air not confounded with cold air, or a draught.

[1] See *H. World,* v. viii. p. 115. [2] V. v. p. 161.

## 95.—Gonorrhœal Ophthalmia (*Ophthalmia Gonorrhœica*).

This arises from the accidental contact of gonorrhœal matter with the eye, and not, as some have supposed, from a metastasis of the disease from the organs of generation to the eyes. In this way the matter may be accidentally applied to the eye of a healthy person through the medium of clothes, towels, etc. Even children are sometimes thus contaminated. The disease presents similar symptoms to Purulent Ophthalmia, and to that affecting infants.

In this form, as also in the purulent or contagious variety, there is great danger that the conjunctiva should swell extremely and overlap the margin of the cornea, and lead to its sloughing, apparently by strangulation of the vessels by which it is nourished. When this condition occurs, it is called *Chemosis*. Gonorrhœal Ophthalmia in a most dangerous affection of the eye, and often rapidly fatal to vision.

Treatment.—*Arg.-Nit., Merc., Bell., Sulph.*

Accessory Means.—Assiduous bathing, fomentations, iced-water compresses, etc.; astringent *collyria*, and sometimes surgical measures. *Prevention*, see the preceding Section.

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Leading Indications for some Ophthalmic Medicines.

*Belladonna*.[1]—Pain, redness, and swelling; *throbbing pains in the temples;* flushed cheeks, glistening eyes, and great *intolerance of light*. A dozen drops of the tincture may be mixed with half a dozen table-spoonfuls of water, and a spoonful given during the acute stage every hour, and afterwards every three to six hours. *Acon.* is often required in alternation with *Bell.* when there are general feverish symptoms;[2] or two doses of *Acon.* may precede *Bell.*

*Aconitum*.—Ophthalmia, with *quick pulse*, dry skin, thirst.

[1] See *H. World*, v. vii. p. 279; v. viii. p. 11. [2] V. v. p. 64.

and when arising from cold. The early administration of this remedy, with the local use of cold compresses, will generally promptly relieve and cure Catarrhal Ophthalmia.

*Mercurius Sol.*—Ophthalmia marked at first by a copious discharge of watery fluid, which afterwards changes to *mucus and pus;* agglutination of the lids; smarting heat and pressure, with aggravation of the pains when moving or touching the eyes. There is not much fever present, but considerable itching and irritation.

*Euphrasia.*—Catarrhal Ophthalmia, with *profuse secretion of tears,* sensitiveness to light, and catarrhal Inflammation of the frontal sinuses and of the lining of the nose. In simple catarrhal Inflammation, *profuse lachrymation* being the chief symptom, it often cures without the aid of any other remedy.[1]

*Mercurius Cor.*[2]—In the most violent forms of Acute Ophthalmia with extreme *dread of light,* or in *chemosis,* the 1x or 2x of this remedy will often cut short the attack.

*Argentum Nit.*—This remedy is especially valuable in the *Purulent Ophthalmia of children,* which it cures rapidly and completely, without the local use of the nitrate. It is also valuable in Chronic Ophthalmia.

*Phytolacca.*—Itching in the eyes, aggravated by gaslight; chronic conjunctivitis with *rheumatic pains;* reddish-blue swelling of the lids.

*Gelseminum.*—Squinting; *desire for light;* orbital Neuralgia.

*Pulsatilla Nuttalliana.*—Eyelids agglutinated; increased secretion of tears; neuralgic pains in the eyeballs.

*Arsenicum.*—Obstinate Ophthalmia in *weak,* nervous patients, particularly if the secretion be *acrid,* with *burning,* tearing or stinging pains in the globe and lids, aggravated by light.

[1] For the specific uses of Common Eyebright, with cases illustrating its value, see *H. World,* v. iv. p. 30.

[2] V. v. p. 63.

*Phosphorus.*—Chronic and *obstinate* cases which have resisted the usual remedies, with sensitiveness to light, heat and itching of the eyes, *sudden attacks of blindness*, black spots floating before the eyes, and secretion of viscid mucus.

*Ac.-Nit.*—Purulent Ophthalmia; swelling and redness of the mucous membrane and lids; secretion of viscid mucus or pus; burning and smarting in the eyes; Photophobia; *nightly agglutination;* and pains in the bones and parts around the eyes. *Ac.-Nit.* is required in cases originating in *Syphilis*, or aggravated by *mercurial preparations.*

*Hepar Sulph.*—Similar cases to *Ac.-Nit.*, which it may follow, if necessary.

*Arnica.*—Inflammations affecting either the mucous membrane, or the deeper structures of the eyes, from *mechanical injuries.* In addition to its administration, the eye should be bathed with a lotion of *Arnica* ϕ (twelve drops to four tablespoonfuls of water). After well bathing the eyes, a piece of lint or linen should be saturated with the lotion, applied to the eye, covered with oil-silk, and secured by a handkerchief.

Other remedies—*Sulph.*,[1] *Sil.*, *Puls.*, *Lyc.*, *Aur.*, *Rhus*, *Spig.*

Accessory Measures.—In the treatment of the various forms of Ophthalmia, and weak and imperfect vision generally, the causes of the disease should be correctly ascertained, so that they may, as far as possible, be removed and guarded against. Patients in crowded and unhealthy towns should remove to the country, at least for a time, where they may take daily out-of-door exercise, and enjoy a pure, bracing air. Frequent careful tepid washing of the eyes to prevent accumulations of matter; a spacious well-ventilated apartment; and avoidance of all causes likely to keep up the inflammatory process, are all necessary precautions. The food should be plain and nourishing, coffee and fermented drinks being

[1] See *H. World*, v. ix. p. 271.

excluded; the habits early and regular, and frequent bathing should be practised. A small *wet compress*, covered with oil-silk or india-rubber, worn over the nape of the neck, is a valuable counter-irritant when the more violent inflammatory symptoms have been subdued; it is also useful in obstinate cases. See also "Accessory Measures," in Sections 92 and 93.

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## 96.—Iritis (*Iritis*).

Definition.—Inflammation of the *iris*. [The *iris* is a movable curtain, having a circular aperture nearly in its centre, and occupies the space between the *cornea* and *crystalline lens*. Its use is to regulate the amount of light admitted into the eyes; for this purpose its inner circumference is capable of dilating and contracting, in obedience to certain influences, whilst its outer circumference is immovable.]

Varieties.—*Traumatic Iritis* is due to some injury, as a stab, cut, or blow. It has been called *Common Iritis*, because it is a case of *common Inflammation*, without any specific or constitutional taint. *Rheumatic Iritis* arises from cold, or is the consequence of Rheumatism, and is the most frequent form of the disease; it is very painful, because the *sclerotic*, which is an unyielding membrane, is so much implicated. Unless skilfully treated, it has a great tendency to recur at intervals, so that a person may have an attack once or twice a year during the remainder of his life. *Arthritic Iritis* is associated with the gouty diathesis. *Syphilitic Iritis* generally occurs about the middle period of secondary Syphilis, after the patient has suffered from sore throat, etc., but before the periosteum and bones become affected. It chiefly differs from the traumatic variety in the comparative absence of pain, except during the night, and in its being a more sub-

acute or chronic disease. *Scrofulous Iritis* is connected with Scrofula.

Symptoms.—The iris changes its colour and becomes dull; the pupil becomes contracted and irregular in shape, and, if the disease be neglected or mistreated, closed or obstructed; and the rays of light being intercepted on their way to the retina, sight is prevented; a radiating zone of vascular redness surrounds the cornea; matter forms; there are burning pains of a neuralgic character in the eye, and severe aching in the supra-orbital region, which come on in paroxysms, and are aggravated at night.

Epitome of Treatment.—

1. *Traumatic Iritis.*—Arn. (*both internally and externally*), Acon. (*febrile symptoms*), Bell.
2. *Rheumatic.*—Acon., Merc., Bell.
3. *Arthritic.*—Cocc., Coloc., Spig., Sulph.
4. *Syphilitic.*—Merc.-S., Cinnabar, Clem., Merc.-Iod., Bell., Aur.
5. *Scrofulous.*—See "Scrofulous Ophthalmia," Section 65.
6. *Gonorrhœal.*—Arg.-Nit. (*internally and externally*).

Accessory Means.—Cold compresses should be avoided; warm applications, especially dry warm wadding, are beneficial.

See *Leading Indications* for Ophthalmic Medicines, Sections 91—95 and 97.

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## 97.—Amblyopia (*Amblyopia*)—Impairment of Vision.

Definition.—Indistinct vision from any cause other than anomalies of refractive power, as when no glasses improve the vision.

Diagnosis.—A simple and reliable method of distinguishing Amblyopia, and other affections involving loss of vision,

from anomalies of refraction which only require proper glasses for their cure, is by requesting the patient to look through a large pinhole in a black card. *If vision is not improved,* the defect must be referred to some of the inner structures of the eye, and an ophthalmoscopic examination must be made to detect its nature. *If vision is improved,* the refractive power is at fault, and will be corrected by suitable glasses.

Causes.—Excessive use of the eyes on too bright or too minute objects; too much sleep; the use of tobacco or stimulants; suppressed exhalations from the skin from exposure to cold and wet; suppressed period; etc. These and similar causes may lead to temporary Congestion of the brain, and over-stimulate and exhaust the retina, causing dimness or entire suspension of vision, without permanently damaging the nervous structure of the eye. On the other hand, an anæmic condition of the system may diminish the supply of healthy blood to the brain and retina, and produce Amblyopia by exhaustion. Excessive drains on the system, as from flooding in child-bed or at the monthly period, prolonged nursing, sexual excesses, or severe illness. A similar condition may be induced by chronic Dyspepsia from functional or organic disease of the stomach or liver. These affections may cause impairment of vision, through the medium of the sympathetic system, by diminishing the nervous and vascular supplies required for the healthy functions of the eye. Dental causes may be in operation, rendering the extraction of a tooth necessary.

Epitome of Treatment.—

1. *From Congestion.*—Bell. or Macrot. (*Congestion of the nervous tunic of the eye*); Puls. (*from suppressed period*); Glon. or Cact. (*complication of heart troubles*); Sang. (*severe throbbing Headache*); Phos. (*Congestion to the head; Epistaxis*); Bry. (*with Rheumatism*); Cact. (*hyperæmia of the retina*).

The Turkish bath, judiciously taken, is often of great service, and has been found to diminish Congestion of the brain, as proved by ophthalmoscopic examination made before and after the bath. All habits likely to produce Congestion should be avoided. See under "Causes."

2. *From blood impoverishment.*—Ferr., Ac.-Phos., Ars., China, Euphr., Helon. At the same time, Hæmorrhage or other drains on the system must be arrested before improvement can be expected; even after the cause is removed, correctly chosen remedies must be aided by a nourishing diet, sufficient rest and sleep, the pure air of the country or the coast, tepid or cold bathing, and other favourable conditions.

3. *From Dyspepsia,* etc.—Nux V., Merc., Puls., China, Bell., etc. For Indications, see Section on "Dyspepsia."

4. *From over-use.*—Ruta, Arn.

5. *From old age.*—Sulph. 30.[1]

Leading Indications.—

*Belladonna.*—Excessive Photophobia; *redness of the eyes* and face; threatened Amaurosis, with *Headache,* bright flashes before the eyes, and a sense of weight and pressure in those organs. It is particularly suited to stout, plethoric persons; also if the disease has been caused by Inflammation or Congestion of the optic nerve, retina, or some part of the brain.

*China.*—Indistinct vision, sudden obscuration of sight, great general debility, and when the disease is due to *profuse discharges of blood or pus, or prolonged nursing. China* may require the aid of *Bell.* or some other remedy.

*Phosphorus.*—The pupils and eyes are of a natural appearance, and distant objects are seen as if enveloped in mist; *black spots before the eyes,* and diminished vision. It is especially indicated when imperfect vision occurs in aged or enfeebled persons; or when self-abuse, etc., have led to it.

*Ac.-Phos.*—Also useful in the condition last mentioned.

[1] See *H. World,* v. ix. p. 144.

*Nux Vomica.*—Intermittent obscurity of vision ; stupefying Headache ; or temporary loss of sight which occasionally accompanies intermittent diseases. This remedy is further indicated in Amblyopia traceable to too close confinement within doors, excessive mental labour, Indigestion, or indulgence in stimulants.

*Merc.-Cor.*—Contraction of the pupil, mistiness of sight, dread of light, *muscæ volitantes*, sensitiveness of the eyes to the glare of the fire, etc. This remedy is especially indicated when imperfect vision arises from organic changes in the tissues of the eye ; also when there is a scrofulous or syphilitic taint.

*Gelseminum.*—A prominent indication for the use of this remedy is—*desire for light*, thus contrasting with *Bell.* ; diplopia, confusion of sight, pain in the orbits. Affections of the sight from over-exertion of the eyes are much relieved by *Gels.*, as are also those arising from over-doses of *Quinine.*

*Euphrasia.*—Excessive *discharge of tears ;* also when the complaint is traceable to Catarrh.

*Arnica.*—Aching of the eyeballs when reading ; Amblyopia from external injuries ; and from gastric irritation, with contraction of the pupil.

Suggestions on the Preservation of the Sight.—In addition to the measures already pointed out, the following remarks on conditions favourable and unfavourable for the exercise of the eyes may be found useful.

1. *Conditions of light favourable to the eyes.*—Daylight, owing to its mildness, uniformity, and steadiness, furnishes the kind and degree of illumination best suited to the function of vision. With the most perfect scientific improvements, artificial light is but an imperfect substitute for the clear light of day ; being often too powerful or too feeble, or flickering or wavering ; at the same time the air is often injuriously heated, and deteriorated by the combustion of its

oxygen. To enjoy daylight to its fullest extent, involves an observance of the excellent and healthy habit of *early rising;* which, therefore, on this account, as well as on other considerations, we heartily recommend. Morning light is also specially adapted to persons having a tendency to weakness of vision, as the light is then *increasing.*

If it be necessary that work should be done by artificial light, that kind should be selected which requires least exertion, as writing rather than reading for the student, and sewing lighter and coarser work instead of fine and dark-coloured for the seamstress.

2. *Unfavourable conditions for exerting the eyes.*—The eyes should not be exercised directly after a full meal; when the body is fatigued; late at night, when sleepy; when in a recumbent or stooping posture; when travelling; when dressed in tight clothing—tight cravats, stays, or even tight garters or boots; in badly-ventilated rooms lighted by gas; during recovery from severe or exhausting disease.

Light must not be too strong, or it is apt to dazzle the eyes, cause a rush of blood to the head, and excite a discharge of tears: on the other hand, a weak light is equally injurious; and if the eyes are used when the light is declining, so that it becomes necessary to hold the book or work nearer in order to see, the sight must inevitably suffer. An unsteady light, as from imperfect gas; or using the eyes when the waves of light are moving about, as under a tree, or when riding, is highly detrimental, as the eyes are severely exercised in continually readjusting themselves. These are some of the conditions in which, if reading or other close exercise of the eyes be persisted in, the sight will suffer, and Amblyopia or Amaurosis possibly ensue. The danger to the sight is very great during *convalescence* from prolonged exhausting disease, when patients are apt to read a great deal; to the weakness of vision is then often added that of a bad

posture, such as the recumbent, or even artificial light, rendering such a use of the eyes extremely prejudicial. Convalescents should be read to, and the matter should be interesting and amusing.

It should be remembered that the reading of a novel is more hurtful to the sight than that of a scientific book, because it is read faster, and the eyes are more severely exercised. A broad page is also obviously more fatiguing to the eyes than a narrow one. On the eyes becoming dim after too long exertion they should *rest*, and on no account should an attempt be made to persist in reading by increasing the light.

Eye-shade.—An eye-shade or eye-protector, of brown or slate-coloured paper, covered with green or gray silk, and secured by a tape or piece of elastic, answers the purpose well for protecting the eyes from gas, etc., indoors. For protection from the rays of the sun out-of-doors, a wide-brimmed hat answers admirably. An eye-shade should be worn when there is unnatural sensibility to light.

Spectacles.—Spectacles of plain blue glass are useful for morbid sensibility of the eyes to light, and may be darker or lighter in shade, according to the amount of protection required; or brown or smoke-coloured glasses may be used if preferred. The latter cut off the rays of light, and consequently render vision somewhat less distinct, while blue glasses, excluding the orange rays only, interfere less with the clear definition of objects. Green glasses protect the eyes from the red rays; but it is the orange rays which are most intolerable to a sensitive retina. Strong plate-glass spectacles should be worn by persons finding it necessary to protect the eyes against chips and particles of stone or steel (*Angell*).

In all measures adopted for the general protection of the eye, good ventilation and a healthy temperature must not be forgotten.

EYE-DOUCHE.—Much benefit often results from a cold douche-bath, a stream of water being directed on the closed eye and adjacent parts. Surgical-instrument makers sell instruments specially adapted for this purpose. In the absence of one of these, water may be thrown by the hand against the closed eyes when holding the face over a basin of water.

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## 98.—Amaurosis (*Amaurosis*)—Gutta Serena.

DEFINITION.—Impaired or lost vision from primary disease or changes in the brain, the spinal cord, or the optic nerve.

The word *Amaurosis*, from the Greek, means obscure or dark, and may be of various degrees, from the slightest defect of vision to complete blindness. In this Section we restrict the term to degenerative changes in the optic nerve. This form of Amaurosis is sometimes incurable, and the patient is liable to die of disease of the brain.

"The transparent parts of the eye, the several media, so skilfully and exquisitely adjusted for the due refraction and collection of the rays of light into an image of the object from which they flow, may all be perfect and in order; but the beautiful apparatus is useless, for the patient cannot see with it. The fault is in the *nervous* matter, that should receive and transmit the impression, and render it an object of perception to the mind" (*Watson*).

*The Ophthalmoscope.*[1]—The diagnosis of Amaurosis is greatly aided by the use of the *ophthalmoscope*, by the light it throws on the nervous and vascular conditions of the posterior portions of the eye—aptly termed the outposts of the central nervous system—giving often a faithful picture of the condition of the brain itself. Besides Amaurosis, many other diseases—Meningitis, Encephalitis, Hydrocephalus, Cerebral

[1] See *H. World*, v. viii. p. 254.

Hæmorrhage, Epilepsy, Locomotor Ataxy, Myelitis, nervous fevers, etc.—are accompanied by changes in the optic nerve and retina, which can be recognised by the ophthalmoscope. We recommend, therefore, a more frequent use of this instrument in diseases of the brain and nervous system, of the condition of which we can often gain as much information as we can of gastric disorders from an inspection of the tongue. As pointed out in the Section on "Old Age and Senile Decay," the ophthalmoscope is particularly valuable in detecting many of the degenerative changes of old age.

Causes.—The cause is sometimes obscure. Disease of the retina, optic nerve, or brain, or of some neighbouring structure interfering with the nervous supplies of the eye; Meningitis of the base of the brain is a frequent cause in its chronic form; so also is Periostitis at the base of the brain. Fractured bone, or Tumours of the brain, may cause progressive atrophy of the optic nerve through pressure, or otherwise interfere with its nourishment. An embolus lodged in the retinal artery, detachment of the retina, or extravasations of blood on that membrane, will also cause Amaurosis. When the imperfect vision occurs suddenly, it is probably due to embolus. The absorption of lead into the system has been known to produce atrophy of the optic nerve. The excessive use of alcohol, tobacco smoking, and other degenerative habits may also be causes. In elderly persons Amaurosis is a symptom of senile decay, and generally comes on gradually.

Symptoms.—These are very various and inconstant. Approaching Amaurosis is indicated by pain in the forehead and temples, diminishing as the disease advances, and ceasing when it becomes complete. The patient sees best in a bright light, and objects usually appear perverted, being only partially seen or of an unnatural colour, or double; or dark bands cross the field of vision, or floating dark spots

(*muscæ volitantes*), or flashes of light. If there be complete loss of vision, the pupil is dilated, fixed, insensible to light, but beautifully black and clear; hence the disease has been called *Gutta serena*. The most marked symptoms are the dilated and sluggish pupil, and, generally, when the eye is quite blind, its complete immobility.

Amaurosis is not peculiar to any age, and may come on either rapidly or gradually.

Epitome of Treatment.—

(1.) *Nerve Irritation or Atrophy.*—Merc.-Cor. (*organic change, Struma, Syphilis*); Phos. (*debility* or *old age*); Ac.-Phos. (*self-abuse*); Sant. (*hyperæsthesia*); Bell. (*congestion*).

(2.) *Atony.*—China (*loss of blood or other fluid*); Nux V. (*excessive mental labour*); Gels. (*thirst for light, Diplopia*, post-diphtheretic); Bell. (*shrinking from light*); Ruta, Arn. (*over-straining of the eyes*); Euphr. (*Lachrymation*); Lithium (*Hemiopia*); Ars., Quin., Zinc., Phos.,[1] K.-Hyd., Aur.

(3.) *Other Remedies.*—Spig., Croc., Macrot., Strych.

The *Accessory and Preventive measures* are the same as those pointed out in the last Section.

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## 99.—Muscæ Volitantes (*Muscæ Volitantes*)—Spots before the Eyes.

Definition.—An appearance before the vision as of black motes; or of thin gray films, like the wings of a fly; or half-transparent gray threads, like spiders' webs; or if viewed against a white wall, or other clear and near object, they appear as one or a number of small circles with a central aperture.

Causes.—The exciting causes of these ocular spectres are chiefly the following: excessive use of the eyes, especially in

[1] See *II World*, v. v. p. 181; v. ix. p. 62.

artificial light, or in badly-ventilated rooms; insufficient sleep; certain fevers, as Typhus and Enteric; deranged digestion; Hypochondriasis; morbid sensibility of the general system from business or family cares, or mental distress. A hypochondriacal person having once detected muscæ, takes such frequent notice of them that they become a subject of great anxiety.

Muscæ Volitantes may, however, arise from organic causes, and are frequent precursors of Amaurosis or of Cataract. They are more serious as indicating organic changes in the organs of vision, when associated with real impairment of vision, and when the motes are not *floating*, but *fixed*. The latter are generally associated with Amaurosis (see the preceding Section).

Treatment.—*Hyos., Bell., Cocc., Coni., Merc.-Cor., Zinc.*

Accessory Means.—As floating muscæ are due to morbid sensibility of the retina, the treatment must be mainly directed to detecting and removing the exciting cause. If the eyes have been overstrained, *rest* is essential (see Section 102); entire or partial relief from ordinary daily duties; daily moderate out-of-door exercise in country- or sea-air; a regulated, nourishing diet; and bathing of the eyes, closed, with cold water, for two or three minutes, several times daily. If muscæ are very troublesome, blue glasses should be worn to render them less apparent.

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## 100.—Cataract (*Suffusio*).

Definition.—Opacity of the crystalline lens (*lenticular*), or its capsule (*capsular*), or both (*capsulo lenticular*), causing obscuration or total loss of vision.

Varieties.—The chief are the *hard* and the *soft*. The

hard Cataract (*suffusio dura*), is of a gray or yellowish-gray colour, and is almost peculiar to the aged; soft Cataract (*suffusio mollis*) is of a lighter or more bluish tint, and has a wider circle. There are also *congenital Cataract*, dating from birth, *traumatic*, from injury, and *fluid* (*suffusio liquida*): the last is rare, has a milky-white appearance, and may be recognised by being seen to move with different positions of the head. The hard is the most frequent, for it is one of the changes incident to old age.

Symptoms.—The opacity comes on in a gradual manner, first affecting one eye, but afterwards both, and is often discovered by accident only. The lens becomes of an amber or grayish colour and somewhat less, and the central part first becomes opaque. Objects appear to the patient as if seen through a mist or gauze, and a flame is observed surrounded by a halo. Vision is less affected in a weak light, such as twilight, or when the patient has his back to the window; for, under such circumstances, the pupil dilates widely, and the light enters at the circumference of the lens, which is less opaque than the centre. For the same reason, *Atropine* improves vision. The patient also sees better in an oblique than in a straight direction, because the lens, being shrunk, does not completely cover the vitreous humour. From the gradual way in which the disease comes on, the patient has a natural, easy manner, and very different from the fixed, vacant stare which marks complete *Amaurosis*. Indeed, the patient never becomes so blind but that he can distinguish day from night, the position of the window, the shadow of passing objects, and is able to find his way about his own house with little difficulty. Pain, dread of light, spectra, etc., indicate unfavourable complications.

Causes.—The most common one is *defective nutrition* of the lens, as from old age; disease of the kidney; or it is attributable to changes in the deeper structures of the eye.

The soft infantile Cataract, if not congenital, seems to be associated with infantile Convulsions. Hereditary predisposition exercises an important influence, Cataract not infrequently being found to occur in several children of the same family, evidently pointing to some peculiarity in the constitution of the parents. The children whose parents are first cousins not infrequently suffer from Cataract and other congenital defects. Traumatic Cataract arises from an injury or from mechanical or chemical irritants; exercise of the eyes in the hot sun, or before too hot and bright fires; long-continued use of the eyes on too minute objects, etc.

MEDICAL TREATMENT.—It does not seem improbable that in the course of time we may find some reliable remedy, the administration of which, before the lens-fibre has become degenerated, may restore its transparency. Cataract is known to be a result of ergotism. It has also been produced in frogs by administering sugar in large quantities, or by injecting it under the skin. Chloride of sodium and alcohol have produced similar results (*Angell*).

EPITOME OF TREATMENT.—Cures, or, at least, beneficial effects, have often resulted from the following remedies:—Bell. (*after Inflammation of eyes*); Cann.[1] (*specks on the cornea*); Calc. (*in strumous persons*); Sulph. (*after cutaneous eruptions*); Sil., Coni., Euphr., Phos., etc.

OPERATIONS.—Sometimes Cataracts are amenable to medical treatment, but some varieties require such surgical measures as *couching* or *extraction*. Any operation, however, should be deferred so long as the patient has useful vision with one eye, lest an operation should produce Inflammation, which might extend to the other, and thus both eyes be lost.

[1] See *H. World*, v. iv. p. 99.

## 101.--Strabismus (*Strabismus*)—Squinting.

Definition.—A condition in which the axis of one eye is not parallel with that of the other; there is loss of *harmonious* movement of the eyes, and if the unaffected eye be closed, the squinting one looks straight.

Varieties.—If the squint is directed towards the mesial line, it is called *convergent;* if outwards, *divergent;* if confined to one eye, *monocular;* if the squint alternates between the two eyes, *binocular.* There is also a practical division into the periodic and the confirmed, although the pathology of the two is identical, and the former is but the precursor of the latter. The inward or convergent is the most common.

Causes.—These are occasionally obscure. Sometimes the disorder arises from an unequal use of the eyes, as from imitating others who squint, looking at spots on the nose or face, or forming the habit of turning the eye inward; sometimes as a consequence of Scarlatina or Measles; from irritation, as of worms, teething, indigestible food; from passion; from disease of the brain (see p. 253); and from general ill-health. When it occurs in the course of any disease of the brain it must be regarded as an unfavourable symptom. Sometimes it is congenital. In aged persons, the condition is due to partial Paralysis of the *rectus internus*—the inner muscle of the eye.

Epitome of Treatment.—

1. *Squinting from cerebral irritation.*—Bell., Stram., Hyos., Sulph., Gels. These remedies are adapted to cases following the eruptive fevers, during Dentition, etc.

2. *From the irritation of Worms.*—Cina, Spig., Sulph.

3. *From causes not traceable.*—Phos., Spig.

Corrective Treatment.—The careless or irregular use of the eye should be guarded against. An attempt may also be made to correct the deformity by closing the unaffected eye

for a short time every day, when the other will look straight. This, however, must be done intelligently, or while curing the one, the affection may be set up in the other. In recent cases, from Dentition, Worms, Hooping-cough, gastric or other disturbances, the removal of the primary disease is often sufficient to restore the normal position of the eyes. Congenital Strabismus can only be cured by surgical operation.

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### 102.—Myopia (*Visus brevior*)—Near-sightedness.

Causes.—The optical defect of the myopic eye is sometimes congenital, often hereditary, but still oftener acquired. In any case it must be regarded as a diseased condition, and inflammation of the fundus of the globe may often be detected by the ophthalmoscope. The degree of Myopia is often increased by over-exertion of the eyes, and by increased amount of disease. Occasionally, indeed, the degree of Myopia may be diminished by senile changes, but, as a rule, short-sighted eyes get rather worse in advanced life.

It is conclusively established that long-continued use of the eyes at near objects, the application of the eyes in early childhood, perhaps by insufficient light and faulty distances or angles of the desks or tables, produce or increase Myopia. Short-sightedness is far more common among the educated—poets, artists, critics, etc.—than among the illiterate, proving that over-use of the eyes leads to the affection. At one of the colleges at Oxford, 32 in 127 students were myopic. Dr. H. Cohn found that of 132 compositors, 51·5 per cent. were myopic; of these 68 myopes, so large a number as 51 had in earlier life had unimpaired distal vision. Dr. Cohn's investigations also show that the percentage of myopes increase from the elementary school upwards, according to the increased demand for study. For example, in five village

schools the Myopia was about $\frac{1}{24}$; that is, the concave glasses required to render vision acute for distance were on the average of about 24-inch focus.

| | | | |
|---|---|---|---|
| In 22 Elementary Schools | the Myopia averaged about | | $\frac{1}{22}$ |
| In 2 Gymnasiums | ,, | ,, | $\frac{1}{18}$ |
| In 2 Prima (highest school) | ,, | ,, | $\frac{1}{17}$ |
| In the University (Breslau) | ,, | ,, | $\frac{1}{14}$ |

These statistics show plainly the progressive nature of the disease, while another fact is also made clear, namely, that the affection is but infrequently due to hereditary causes.

City or town residence, again, by the constant self-adaptation of the eyes to short distances, is a powerful predisposing cause. It cannot but make a vast difference in the conditions of the interior of the eye in the course of years, much more in successive generations, whether it is daily employed in looking at walls a few feet distant, or, as in the country, at mountains and forests which often are in view miles distant. In the old cities of Europe, that have been occupied, perhaps, for forty or fifty generations, the majority of the inhabitants are near-sighted.

Treatment.—Irritability, tension, and heaviness in the eye, with pain around or in the eye, require *Spig.*, *Bell.*, or *Macrot.*, and if inflammatory symptoms are strongly pronounced, *Acon.* may be first given to allay them. If there is much venous Congestion, *Ham.* is indicated; this remedy may also be used in the form of a *lotion* (20 drops to half a tumbler of water). If the general health be much impaired, suitable remedies must be selected to meet the constitutional condition.

Accessory Measures.—The eyes should be *rested* till Congestion or irritability is removed. The gentle use of the eye-douche, a weak collyrium, or a wash of simple tepid milk-and-water.

Spectacles.—In the majority of cases, no medical treat-

ment is required, but only the choice of suitable glasses. These should not be purchased at random of opticians or vendors, but under the guidance of an oculist or physician who gives sufficient attention to the subject.

"After prescribing with the greatest care the proper glasses, it is necessary in progressive Myopia to enforce the *strictest hygienic measures*. Our patient should not work continuously at near objects, but should rest a short time at intervals of a quarter or half hour, and always whenever the eyes feel in the least fatigued. He should never work or read with the head bent forward, as this promotes intraocular Congestion, Choroiditis, and increase of *staphyloma posticum*. The light should fall upon his work from behind, so that the eyes may be protected from glare. Children's school desks should, therefore, be made sufficiently high and sloping, and be placed, as regards light, to fulfil these conditions" (*Angell*).

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## 103.—Inflammation of the Eyelids (*Inflammatio Palpebrarum*).

Symptoms. — Redness, soreness, and swelling along the margin of the eyelid, whence it spreads over the whole lid.

Treatment.—*Aconitum.*—Febrile symptoms, and when the affection has arisen from exposure to cold. *Belladonna.*—Bright redness of the part; dread of light. *Apis.*—Much swelling (*œdema*). *Rhus Tox.*—Erysipelatous appearance of the lids; formation of small vesicles. *Hepar Sulph.*—Neglected cases, with suppuration. *Conium.*—Chronic.

Accessory Treatment.—Bathing the eyelids with warm milk-and-water, or the early use of the cold compress. Exposure to cold draughts of air should be avoided.

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## 104.—Hordeolum (*Hordeolus*)—Stye on the Eyelid.

Definition.—A small, painful Boil, with slight inflammatory symptoms, projecting from the margin of the eyelids.

Cause.—Scrofula or debility.

Treatment.—*Pulsatilla.*—This is the principal remedy, and should be the first administered, alone, or in alternation with *Acon.* If given very early, *Puls.* often disperses the Stye; one or two drops may also be applied locally.

*Aconitum.*—Inflammation, pain, and restlessness.

*Sulphur.*—A dose morning and night, for a few days, to prevent a recurrence of styes.

*Calcarea* and *Sulphur*—Are chiefly valuable in frequently-recurring Styes, and especially in patients of a scrofulous constitution. They should be administered for a week each in succession, as follows:—*Calc.*, morning and night, for a week; then, after waiting two or three days, *Sulph.* in the same manner, repeating the course as often as necessary.

Auxiliary Treatment.—Fomentations with hot water, and if there is much inflammation, a bread-and-water poultice applied over it at night. If the Stye is tedious in breaking, it may be opened with a lancet or punctured with a needle, and the matter gently pressed out. If dependent on general debility, hygienic measures are necessary to restore the constitutional vigour. Cod-liver oil is often required.

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## 105.—Entropium (*Entropion*)—Inversion of the Eyelid; and Ectropium (*Ectropion*)—Eversion of the Eyelid.

Definitions.—*Entropium* is a growing inwards of the eyelid and lashes, so as to occasion great disfigurement, and constant irritation of the globe of the eye, often leading to Chronic Ophthalmia. It is generally caused by old purulent or Granular Ophthalmia, and the employment of caustics, and chiefly occurs amongst the lowest ranks of society, especially the Irish.—*Ectropium* is an *eversion* of the eyelid. It may result from burns on the face, or from thickening

of the conjunctiva from Tarsal Ophthalmia (see the next Section).

Treatment.—This is similar to that recommended for Strumous Ophthalmia (Section 65). *Sulph.*, *Merc.*, or *Euphr.* is generally required. Also cod-liver oil. Both conditions generally require surgical treatment, especially the skilful application of bandages to protect the exposed mucous surfaces, and to strengthen the tension of the *obicularis* muscle.

Accessory Means.—Great benefit will result from frequent cold or tepid baths, and the occasional local use of *Calendula* lotion (ten drops of *Calendula* to two table-spoonfuls of water). If the deformity result from a cicatrix on the cheek, such as from a Burn or Abscess, and surgical measures have to be adopted for its removal, this will be an excellent topical application. Also the Accessory Treatment recommended in the next Section.

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## 106.—Tarsal Ophthalmia (*Ophthalmi tarsi*)—Granular Eyelid—Eczema Palpebrarum.

Definition.—An inflamed, thickened condition of the conjunctiva, and enlargement of its cilia, with disordered secretion of the meibomian glands, the cilia follicles, the conjunctiva, and the skin itself, causing irritation similar to that from foreign bodies. Eczema in the eyelid is a chronic affection, occurs chiefly in the young, and the consequences to the lids may remain for years, and even for life. It is popularly termed *blear-eyes*.

Symptoms.—The granulations are rough and uneven, and may sometimes be detected by the touch; there is an abundance of pus secreted, so that the eyelids stick together, during sleep, becoming encrusted with dried mucus, chiefly from the meibomian secretion. The tarsal border becomes

thickened and rounded, the lids are crusted, the *puncta lachrymalia* no longer catch the tears, and the excoriation and irritation of the edge of the lids are kept up by their constant overflow. The ulceration may be so deep as to destroy much of the skin, and even some of the tarsal cartilage. The usual variations common to Eczema are met with in this affection. It is chiefly confined to the upper lids, but sometimes extends to the lower; and the lids of both eyes are usually involved.

Causes.—Struma. Almost every case furnishes evidence of inherited or acquired Scrofula—enlarged lymphatic glands, swollen upper lips, sore ears, digestive derangements, tumid abdomen, or paleness and looseness of the skin. The disease may occur as the sequel of the eruptive fevers. Impure air, smoky and uncleanly dwellings, and especially over-use of the eyes in an unhealthy atmosphere, are also frequent causes.

Treatment. — The chief remedies are—*Merc.*, *Hep.-S.*, *Calc.-C.*, *Sulph.*, *Clem.*

*Clematis Erecta.* — Chronic inflammatory state of the borders of the eyelids, with soreness and swelling of the meibomian glands, such as often occurs in scrofulous patients. See also Sections 65 and 91.

Accessory Treatment.—This should include frequent bathings with tepid milk-and-water, rest of the eyes, and avoidance of impure atmosphere, cold winds, Indigestion, etc. Whatever may be the cause of the constitutional debility, it should be removed, and the general measures suggested in the Section on Scrofula carried out. Change of residence to a warmer part of the country, in obstinate cases, is often curative. *Local measures.*—The application of a simple cerate to the edge of the tarsi at night does good. When there is much agglutination in the morning, with scurf at the root of the eyelashes in the daytime, and a

general unhealthy condition of the eyelids, a weak *Sulphur* ointment (*Sulph.* grs. v., adipis ʒij.) is useful; it should be applied with a sable brush, morning and night, after the part has been cleansed, and every particle of dried secretion washed off with warm water and transparent soap.

## CHAPTER V.

### Diseases of the Ear.

### 107.—Diseases of the External Meatus.

#### (1) Eczema.

The *cutaneous affections* to which the external ear is liable are, chiefly, Herpes, Erysipelas, Impetigo, Pemphigus, and Eczema. The last is probably the most common, and is generally of the chronic variety. It appears most commonly behind the ears, but also invades the auricle, and not unfrequently extends to the meatus. When this extension takes place there is some degree of deafness, in addition to the great smarting and itching which characterise the disorder. The general causes and symptoms are similar to those of Eczema when it occurs in other parts of the body.

Treatment.—*Bell.* or *Puls.* for the smooth variety; *Rhus* or *Ver.-Vir.* for the vesicular; and *Ars.* or *Sulph.* for chronic cases.

Accessory Treatment.—This consists chiefly in dusting the part with flour or finely-powdered starch, to soothe irritability, and to absorb any fluid that may exude. A warm douche may be used occasionally, when the canal is involved, to allay itching, and to prevent the accumulation of matter within. Great care should always be exercised to *dry* the

ears and hair of children after being washed. Wet compresses favour the spread of inflammation, as also do ointments generally; but we have found the following efficacious in promoting the cure of Eczema behind the ears; *Merc. Præcip. rubri*, grs. ij, *Axungiæ* ℥ij. Daily *soft* water baths for the general surface of the skin, the use of small quantities of uncooked vegetables, such as lettuce, watercress, celery, etc., and the correction of any derangements of digestion and assimilation, will favour the cure of Eczema, Erysipelas, and other cutaneous affections of the ear, as they do when these diseases affect other portions of the skin.

### (2) Hardened Cerumen.

Cerumen, or ear-wax, is composed of oil, stearine, a little colouring matter, scales of epidermis from the lining of the meatus, and other substances. It contains only about 0·1 per cent. of water, and is only very partially soluble. After remaining for some time in the canal, its watery constituent passes off by evaporation, and thus it becomes a hard mass. In advancing age, the cerumen seems to contain a less proportion of water than during the early periods of life, for it becomes drier and more brittle. The function of the ceruminous glands which secrete the wax seems to be to eliminate a product which will render the canal pliable, and perhaps also prevent the entrance of insects.

The increased secretion of the ceruminous glands is a cause of deafness, but not the sole cause in the majority of cases where it exists. It is frequently the sole *apparent* cause, and must therefore be treated *per se*, unless other symptoms indicate the application of other remedies.

Causes.—The commonly alleged cause of hardened ear-wax is a "cold," although frequently there is no evidence whatever that the patient has suffered from any catarrh of the head or throat. In some cases it may be due to neglect

of cleanliness, or to the use of the twisted end of a towel pushed too far into the canal, or to some similar method of cleansing the ear, which tends to impact the cerumen or to exhaust its watery element. But in the majority of cases the disorder is not simply a local or idiopathic affection, but a sign of some inflammation of the mucous membrane lining the meatus, or of a diseased state of the ceruminous glands, consequent on the degenerative changes of old age lessening the nutrition of parts of the organ of hearing other than the auditory canal.

Symptoms.—*Defective hearing* which has come on suddenly; *tinnitus aurium*, and other nervous symptoms—vertigo, giddiness, pain in the ear, probably from pressure on the membrana tympani. In aged persons, especially, chronic accumulations may lead to absorption of the bony walls of the meatus.

Diagnosis.—The deafness, instead of being constant, is intermittent; the hearing is better in the morning, or after eating, or after rubbing the ear with the finger, or after insertion of the finger in the meatus. The deafness may be increased by cold and inflammation. Diagnosis is best effected with the ear-mirror and speculum.

Treatment.—It is doubtful whether medicines will do anything to restore the normal functions of the glands, but the disorder may be palliated by the removal of the wax. The wax is best removed by a careful use of the syringe, throwing a small jet of water, at the temperature of full blood heat, along the *roof* of the meatus. If the water be too hot or too cold it will cause giddiness. If pain ensue the syringing should be discontinued. In syringing, the ear should be seized with the thumb and finger of the left hand, and pulled gently upward and backward as far as it will go, thus straightening the meatus. If the wax be not removed within a few days, a few drops of warm almond-oil, or glycerine, or warm solution of soda, put in the ear at night, will

soften the wax and facilitate its removal. To ascertain the progress of removal, the ear should be frequently examined with the speculum. Dr. Pétrequin, of Lyons, has made experiments to discover the best solvent of wax, but found nothing so effective as simple warm water.

Absence of Wax.[1]—*Sulph.*, *Graph.*, or *Spong.*, will be found remedial.

### (3) Furuncle, or Abscess of the Meatus.

This is a very common, painful, and somewhat serious disease, to which some persons seem peculiarly liable. It is often associated with boils in other parts of the skin. The frequent recurrence of abscesses causes thickening of the walls of the meatus and of the drum, and, if the tendency to them is not eradicated, some degree of deafness is an invariable result. They are always exquisitely painful, and produce very decided tenderness around the ear. They are liable to recur.

Symptoms.—Acute, throbbing, darting pain in the meatus, great tenderness, tense swelling, temporary partial deafness, consequent on obstruction of the canal.

Treatment. — *Belladonna.* — Local redness; head-ache; flushed face; throbbing. If taken promptly, on the first appearance of inflammation, this remedy will often prevent the formation of the Abscess.

*Merc.-Sol.*—This is appropriate before suppuration sets in, and may be alternated with *Bell.*

*Silicea.*—If *Bell.* does not prove arrestive, this medicine will often succeed.

*Hepar Sulphuris.*—If the Abscess be formed, its suppuration will be facilitated by this remedy, and its extension within the meatus prevented.

[1] See *H. World*, v. iii. p. 282.

*Sulphur.*—This should be given after the resolution of the abscess to prevent re-formation, and to correct the constitutional diathesis.

Accessory Treatment.—A free use of fomentations and poultices as hot as can be borne, will relieve the acute pain often experienced, and hasten the formation of matter. The abscess should be opened early, as soon as the throbbing indicates the formation of matter, because the tissues are so dense here, that spontaneous rupture is a long and very painful process, and the bone may become carious. When *Bell.* is given internally to mitigate pain, a topical application will be serviceable. A little piece of lint may be moistened with two or three drops of the tincture, and introduced into the ear. Subsequent cold must be averted by avoiding draughts after fomentation, and by insertion of cotton wool in the ear. The latter is desirable for the absorption of the suppurating matter, but should be frequently changed, lest, by drying, the wool should increase the irritation.

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## 108.—Diseases of the Tympanum.

### (1) Acute Otitis Media.

Inflammation of the middle ear is rife in changeable climates. In the acute form the process may stop at the formation of an increased quantity of mucus or may go on to the production of pus.

Symptoms.—Pain, at first of a dull, aching character, which is accompanied by a sensation of stoppage in the ear; as the disease progresses the pain increases in severity, and becomes throbbing or piercing and almost unbearable.

Causes.—Exposure to cold and damp, and the presence of naso-pharyngeal catarrh which extends through the Eustachian tube to the tympanum. In the latter manner the ear

becomes implicated in the course of the various exanthemata. The disease may also be coincident with affections of the skin or mucous membrane in other parts of the body: these causes are especially operative in weak, neglected, or scrofulous children.

Treatment.—Aconite (*early stage of inflammation*); Belladonna (*congestion; cerebral symptoms*); Pulsatilla (*inflammation following Measles; darting, tearing pains*); Mercurius (*pains extend to the teeth, and are worse in a warm bed; following Small-pox*); Chamomilla (*excessive, almost unbearable pain*); Sulph. (*convalescence*).

Accessory Treatment.—Fomentations and poultices are of very little, if any use, and should be avoided. The pain may be best palliated by filling the ear with the following mixture and covering it with a plug of cotton—

Aconite Tinct., gtt. v.
Magendie's Sol. of Morphine, ʒij.

It should be applied warm.

### (2) Chronic Aural Catarrh.

The pathological process above described is often a very gradual and persistent one, as well as one upon which the large majority of cases of deafness depend. Indeed, in climates which are rapidly changeable few perfect ears exist. Many persons who would feel offended if called deaf are really so in some degree from this cause. The small cavity of the tympanum becomes clogged with mucus; the mucous membrane thickened; the joints of the ossicles partially anchylosed; the base of the stapes more or less restricted in its motions, and the membrane of the round window and drum warped and stiffened. Tinnitus is common and very distressing.

Causes.—The usual one is the neglect of existing naso-

pharyngeal catarrh and its consequent extension through the Eustachian tube to the tympanum.

Treatment.—Next to nervous deafness this is the most incurable form. Medicine is absolutely valueless, unless used in conjunction with frequent stimulation of the ear to the borders of inflammation by the negative pole of the constant current. Local treatment of this and other kinds at the hands of an experienced aurist is alone to be recommended. Even this generally fails to do more than partially restore the hearing. The general practitioner may serviceably make an energetic use of Politzer's air-douche once daily for a month or two.

### (3) Otitis Media Purulenta.

In cases where the inflammation above described (under Acute Otitis Media) increases considerably, pus is formed in the middle ear, and often to such an extent as to rupture the drum. This is the source of all chronic discharges from the ear which were formerly classed as Otorrhœa. In short, whenever chronic discharges from the ear are seen we may confidently say that the drum is ruptured, and that their source is the middle ear. The *rationale* of this is at once clear when we consider that pus is never formed on an unbroken cutaneous surface, and such is the surface of the whole extent of the meatus externus. Of course ulcerative conditions may exist here, but they are very rare.

Symptoms.—These are the same at the outset as those described under Acute Otitis Media. After rupture of the drum, in many cases, no symptoms exist except deafness and discharge. However, when the disease invades the mastoid cells, and perhaps goes on to the formation of abscess, the pain is again excessive. The patient becomes delirious, then comatose. The mastoid process becomes swollen, red

and tender, and the whole situation is exceedingly dangerous. In any case, before rupture, or incision of the membrana tympani, pain is excessive. Even while comatose, the patient cries out, rolls his head, and seems in the greatest agony. The diagnosis between this condition and actual Meningitis or Cerebritis is often very difficult, and serious mistakes are frequently made. However, with the rupture of the drum comes such sudden and immediate relief that one cannot be long in error.

CAUSES.—It usually follows an ordinary cold, and is commonly met with in scrofulous children. In such constitutions, it is likely to be a sequel to the eruptive fevers, Hooping-cough, Croup, or any exhausting illness; the tympanum should therefore be frequently examined for the detection of the first symptoms of the disorder.

TREATMENT.—*Mercurius.*—*Thick*, bloody, and *fœtid discharge*, accompanied by tearing pains in the affected side of the head and face, and *swelling and tenderness of the glands* about the ear. Also when the disease has followed *Small-pox*.

*Hepar Sulph.*—Discharge of pus and blood; and when the patient has been dosed with *Mercury*.

*Capsicum.*—An especially valuable remedy. It seems to have a specific relation to the ear, and is often curative even when the mastoid cells are implicated (*Haughton*).

*Pulsatilla.*—Discharge of a thin watery character, or purulent, and when it follows *Measles* or *Mumps*. *K.-Bich.* is indicated by similar conditions.

*Ac.-Mur.*—A remedy of great value in affections of the ear consequent on *Scarlet* fever; or Eczema, with burning itching.

*Arsenicum.*—Excoriating discharge, in *feeble* constitutions.

*Causticum.*—Otorrhœa with eruptions behind the ears and about the nose in scrofulous subjects.

*Calcarea and Sulphur.*—Tedious cases; and *scrofulous pa*

*tients;* the former may be administered morning and night for a week, to be followed, after a couple of days' interval, by the latter.

*Ac.-Nit., Iod., Aur.,*[1] *Merc.-Iod., Sil.,*[2] *K.-Hydriod.,* or *Tellur.,* may also be required in some cases.

*Electricity* has been successfully employed.[3]

Surgical Treatment.—Should the disease not speedily yield to remedies, paracentesis of the drum should always be performed. When grave brain symptoms accompany evident disease of the mastoid cells, trephining of the process should be early resorted to. No fear need be entertained lest an artificial perforation of the drum may not heal. The difficulty lies in preventing its healing before the disease is cured. In fact, to avoid this difficulty, the operation must at times be often repeated. Even spontaneous ruptures heal rapidly. Only in neglected and chronic cases, where the aperture is large, does it remain open. Nor, if the inflammation be cured, is a rupture of great detriment to the hearing. In fact, where the membrana tympani is thickened from chronic inflammation, paracentesis often improves the acuteness of hearing very decidedly.

When the discharge is abundant the practice of filling the ear with cotton, or wool, is a bad one, since it tends to confine the pus, which should have free exit. Frequent syringing is advisable, and, if this is carefully attended to, cotton may be worn with advantage when in the open air, but not in a warm room. Poultices and fomentations are of no service, and are dirty and disgusting. Relief from pain is best given by the local application of *Aconite* and *Morphine* mentioned p. 377. It should always be warmed before it is used.

In opening the mastoid cells a free crucial incision should first be made down to the bone itself, while the patient is under the influence of an anæsthetic. The bone may then

[1] See *M. World*, V. v. p. 83. [2] V. vi. p. 136. [3] V. ix. p. 149.

be perforated with a small trephine. A common gimlet is perhaps as good an instrument as any.

General Measures.—The intractable character of this affection is often, in great measure, due to the neglect of that strict cleanliness which is so necessary to be observed. The irritating discharge, if allowed to accumulate within the meatus, undergoes decomposition, and gives rise to changes in the deeper structures of the ear, the nature of which may be inferred from the irritation and excoriation so often existing in the external orifice. A little fine wool, frequently changed, may be put into the ear when the discharge is declining, to protect it, out of doors, in *cold* weather; but even this should be done with great caution, particularly when the discharge smells offensively, for nothing can be more prejudicial than stopping the ear with cotton-wool to prevent its escape. To correct the *fœtor* of the discharge, which is often very great, a lotion of *Condy's Fluid* should be injected, in the proportion of thirty drops to eight ounces of warm water. All fluids injected into the ear should be *warm*.

*Carbolic Acid lotion* is also of great value in Otorrhœa. The following are the proportions in which it may be safely prescribed—

Carbolic Acid ʒj.
Glycerine ʒj.
Distilled water ʒv. M.

The *improvement of the general health* of the patient is a point of great importance; for this purpose, change of air, and, in the autumnal months, sea-air, is often attended with most beneficial results. In the absence of sea-air, country-air, in a bracing district, is of great advantage. Cod-liver oil is also strongly recommended.

### (4) Chronic Otitis Media Purulenta.

This form of ear disease may be considered as synonymous

with the obsolete Otorrhœa, and is a very common affection. Most frequently it will be found to be a sequela of Measles and Scarlet fever, where during their course an acute Otitis has occurred. Very few symptoms exist in these cases except the presence of a discharge (which may be muco-purulent, purulent, or sanious), and a variable amount of deafness and perhaps tinnitus.

Treatment.—In addition to the remedies given in the preceding sub-section, *Tellurium* should be administered where the discharge smells like fish brine. Where *Silicea* would ordinarily be prescribed one of its salts is preferable. The *Silicates* of *Soda*, or *Lime* may be used from the first to the third alternation. They are by far the most universally useful medicines in this disease.

Accessory Treatment.—All medicines will frequently fail to cure chronic cases of this kind, so small a part is affected; it has been so long diseased as to have become a "second nature;" and other points of irritation perhaps absorb the influence of the drug; at any rate it fails, except very occasionally, to effect a cure. Resort therefore must be had to that coarser form of homœopathic treatment which is found in the use of local remedies. Lotions of various kinds are of great use here. When a rupture is so large that a liquid will readily flow through the drum into the middle ear, simply filling the ear with it is sufficient. When it is small, however, it must be forced through. The nozzle of the ear syringe should be wound round with yarn, or surrounded with an india-rubber ring, till it is sufficiently large to fill the meatus. Then after filling the instrument it should be firmly pushed into the meatus, and the fluid by this means forced into the middle ear, and perhaps even through the Eustachian tube into the pharynx. Thus all the inflamed surfaces will be bathed with it. The following lotions have proved very useful:—

Silicate Sodæ (sat. sol.) gtt. v. to x. ; warm water ʒj.
Argent.-Nit. grs. v. ; Sp. V. aa ; Aq. aa ; ad ʒss.

Pure alcohol is often not too strong in these cases, and is very efficient indeed as a lotion. The first effect of a lotion will often be to produce an increased discharge of a serous nature. In the course of a few hours this subsides, and it is evident that improvement has set in. The injection or lotion should not be repeated until the improvement has ceased to progress. An interval of 24, 48, or 72 hours is desirable.

It is a very common and very foolish idea, which has been fostered in the minds of the laity by ignorant or indolent physicians, that it is dangerous to cure a discharge from the ear. It is doubtful whether a single instance of evil results, under wise treatment, can be cited. Of course irritating lotions too often repeated may set up an acute Otitis based upon the chronic condition, but it very rarely happens; but the idea that the ear in these cases serves as a vent-hole for peccant humours is worthy only of the pathology of the dark ages. The continuance of this disease not only makes the patient a filthy and disgusting nuisance to himself and all around him, but it often greatly endangers life itself. True, where any dyscrasia exists, the appropriate specific should be used internally, but an ulcer here can be as safely healed as anywhere on the body, and if not healed incurable deafness of a high degree is certain to follow.

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## 109.—Suppurative Disease of the Labyrinth.

This disease occurs as a sequela of Cerebro-spinal Meningitis. As the patient begins to recover consciousness, he is found to be very deaf. The inflammation of the meninges of the brain has extended along the sheath or neurilemma of the auditory nerve into the labyrinth, and an

inflammation of the tissues here, which dissection has shown to be of a suppurative form, has begun, perhaps progressed even to its final stage. It is evident that the organ of Corti is involved, since, on recovery, the ability to hear only certain tones is often retained, while words can no longer be distinguished. Frequently the whole organ is destroyed, and deafness is absolute.

This disease has hitherto been considered hopeless of cure. We are happy to say, however, that here as elsewhere homœopathic treatment brings a prospect of better results. Dr. W. S. Searle, of Brooklyn, Mass., U.S., records one case of entire recovery in an undoubted case, and in another, which came under treatment five weeks after, absolute deafness occurred; complete restoration as to the hearing of sounds was accomplished, but words could not be distinguished. In the latter case *Silicea* 30 was the remedy. In the former, which occurred in his own practice, the patient, a lad of ten years, was found, on recovering consciousness after a severe attack of Cerebro-spinal Meningitis to be able to hear only loud shouting close to the left ear, while in the right, hearing seemed absolutely gone. Treatment with *Mercurius Sol.* 3, followed by *Kali.-Iod.* 1, *Hep.-S.* 3, and *Silicea* 30, restored the boy to perfect hearing within two weeks. Dr. Searle avows his belief that a like happy result may be achieved by similar treatment in any case in which the disease is recognised sufficiently early.

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## 110.—Deafness (*Surditas*).

Varieties and Causes.—

*a. Functional or nervous Deafness.*—This variety depends upon constitutional debility; the same conditions which weaken and relax the general muscular and nervous systems

act injuriously upon the ear. Functional Deafness is painless; it is better when the digestive organs are unimpaired, the spirits exuberant, and the weather fine.

*b. From disease.*—Under this head we may mention,—organic changes in the brain; obstruction of the internal ear; Ulceration and Perforation of the tympanum; Paralysis of the acoustic nerve; various acute or chronic inflammatory affections, and disease of the throat (*Throat-deafness*).

*c. Deaf-dumbness.*—This is due to congenital malformation of the ear, and is irremediable.

Other causes are,—the application of cold, sudden loud noises; blows on the head, as boxing a child's ears, or fracture, which lead either to Concussion or Rupture of the auditory nerve; swelling of the lining membrane. Accumulation of hardened ear-wax, exfoliated scarf-skin, or other substances lodged in the ear-passage, may cause deafness by obstruction. The Deafness that results from Catarrh is often but an aggravation of pre-existing Deafness—all the share the Cold has in the production of the disease being that of reducing the hearing power a little further, and so rendering the defect more obvious.

Prognosis.—In forming an opinion as to the chances of recovery, or of amelioration, the following circumstances should be duly taken into account:—age of the patient; hereditary tendency to Deafness, or the association of the malady with any constitutional disease, or with cerebral symptoms, or with the nervous temperament. If a patient come to us with Deafness who has suffered from scrofulous enlargement of the Tonsils, chronic Catarrh, Rheumatism, Gout, or secondary Syphilis, our hope of a favourable result will be greatly diminished. Deaf persons sometimes state that they can hear well under exceptional circumstances, as in the noise of a railway carriage, a crowded thoroughfare, or amidst the whirl of busy machinery; these and similar sounds,

which suspend the hearing of healthy persons, furnish such a degree of abnormal stimulation as to excite the dull nerve to unwonted quickness of hearing. The inference from this unhealthy condition of hearing must be regarded as unfavourable for the prospect of recovery.

Treatment.—The cure of deafness of course depends on the removal of the cause; in many cases this is practicable; in some it is not. In most cases, however, skilful treatment is successful, and it is very rare indeed after a course of homœopathic remedies for a patient not to find his hearing-power decidedly and permanently stronger.[1] *Recent* cases are of course most hopeful. But long-standing cases, even when both ears are affected, are generally benefited to a greater or less extent.

Epitome of Treatment.[2]—

1. *From debility of constitution, Struma*, etc.—Phos. (*nervous*); Chin.-Sulph. (*nervous and periodic*); Iod., Ac.-Phos., Cact. (*with Palpitation*); Petrol. 3x, Spong., Ars.

2. *From cold.*—Acon., Puls. (*recent*); Merc., K.-Hydriod. (*chronic*); Dulc. (*from damp*); Bry. (*with Rheumatism*).

3. *After fevers*, etc.—Bell. (*with giddiness*); Puls., China, Sulph., Ac.-Phos.

4. *From suppressed eruption about, or discharge from, the ear.*—Sulph., Hep.-S., Aur.

5. *From enlarged Tonsils*, etc.—Merc.-Iod., K.-Hydriod., Merc.-Cor., Iod.

6. *From Concussion.*—Arn. (*also when deafness is accompanied with a crawling sensation in the ear*).

7. *Noises in the ears* (*Tinnitus aurium*).—Bell., Chin.-Sulph., (*with Deafness*); Nux V. or Ign. (*with unnatural sensitiveness to sound*); Bapt. (*roaring, confusion of mind, dulness of hearing*); Gels.

Accessory Means.—If Deafness be found to arise from an

[1] See *H. World*, v. iii. p. 282. [2] V. v. pp. 97, 98.

accumulation of hardened ear-wax, this should be removed by the syringe and warm water. All reputed remedies which have to be dropped into the ear should be eschewed, however much they are recommended. See also "General Hints," following.

## General Hints on Affections of the Ear.[1]

(1.) *Wet or damp ears.*—A frequent cause of disease of the ear is the practice of leaving the head and ears of children imperfectly dry after washing. It is the more necessary to guard against this danger if there already exist any discharge from the ear. After bathing, the greatest care should be taken to dry the hair and ears *thoroughly*. As a further precaution, a piece of fine linen or blotting-paper should be twisted into a coil, and gently introduced into the cavity of the ear, to absorb any remaining moisture.

(2.) *Boxing the ears.*[2]—Parents, governesses, and others who have the care of children, should be aware of an accident very liable to occur from blows on the head or boxing the ears, namely, rupture of the *membrana tympani*, a membrane which closes the bottom of the meatus, and is stretched something like the parchment of a drum. The accident may be recognised by a sense of shock in the ear, Deafness, and a slight discharge of blood from the orifice; and if examined by an ear speculum, the rent may be seen. There should be *complete rest* for several days, and a weak *Arnica lotion* used.

(3.) *Deafness not stupidity.*—Another point of considerable importance is the case in which a child, from being slightly deaf, has been thought to be stupid or obstinate. "Very sad is it to think how often a child is thus punished for his misfortune, and, it may be, irremediable injuries inflicted on the mind or temper of this poor victim of unintentional injustice.

[1] See *H. World*, v. ix. p. 269. [2] V. viii. p. 269.

It is hardly necessary to insist upon the care which is requisite in examining the state of the hearing-power in a child, or to refer to the fact that children will often say, and doubtless think, that they hear a watch when they do not." (*J. C. Foster, F.R.C.S.*)

(4.) *Wet compress.*—A small wet compress, covered with oil-silk or tissue, worn over the nape of the neck, as recommended for Ophthalmia, is equally applicable in affections of the ear, especially when of an obstinate nature; and if persevered in steadily for some time will frequently relieve chronic ailments.

(5.) *Dilutions of the medicines.*—Lastly, a remark may here be made, bearing on the treatment of the diseases of the ear.

In all *chronic* affections of this organ, the higher dilutions (6x to 12x) of the different medicines are generally more efficacious than the lower (1x to 3x).

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## CHAPTER VI.

### Diseases of the Nose.

### 111.—Ozæna (*Ozæna*).

Definition.—Ozæna (from a Greek word signifying a *stench*) is a disease in which there is Ulceration of the mucous membrane of the nose, from which *fœtid*, purulent, or sanious matter is discharged. There is often lachrymation from obstruction of the ducts leading from the lachrymal glands to the nose.

Causes.—Uncured Catarrh; fevers; Syphilis; mechanical injury; foreign bodies in the nostrils; or it may arise from an unknown cause. A strumous constitution no doubt predisposes to the disease.

TREATMENT.—The disease, especially if chronic, is not easily cured; but in most cases may be greatly benefited.

*Aurum.*—Pain above the nose; heat and soreness of the nostrils; discharge of yellowish-green, fœtid pus.

*Kali Bich.*—*Thick*, tenacious, sometimes bloody, discharge, in the form of "elastic plugs." (2x dil. sometimes required.)

*Iodium.*—Great fœtor; the Schneiderian membrane undergoing putrid Ulceration.

*Mercurius Biniod.*—Sanious discharge; destruction of the septum and bony structure of the nose.

*Acid.-Nit.*—Syphilitic Ozæna; and when the patient has been drugged by large doses of *Mercury.*

*Arsenicum.*—Ichorous, fœtid, and malignant discharge, particularly if the constitution is much shattered.

*Sang.*[1] and *Ham.* are said to be good remedies.

*Zinc.-Met.*—The nose swells, and is sore; loss of smell, dryness, and lachrymation.

Cycl. (*frequent sneezing*); Gels. (*watery flow*); Phyto. (*mucous flow*); Sticta (*dryness*).

ACCESSORY MEASURES.—Perfect cleanliness of the nasal passages is imperative; the nose may be syringed with a lotion of *Condy's Disinfecting Fluid* (thirty drops to eight ounces of warm water); or tincture of *Iodine* (eight drops to eight ounces of water), injecting with a *large* syringe, daily.

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## 112.—Epistaxis (*Epistaxis*).—Bleeding from the Nose.

Although this is ordinarily a trifling affection, it requires some discrimination to decide when to interfere and when to let it alone; for it may be a symptom of the most diverse condition of the constitutions.

[1] See *H. World* v. x. p. 97.

In simple cases, when the discharge is trifling, no treatment is necessary; that suggested below is for cases in which the bleeding is excessive, long-continued, oft-recurring, or in which it arises from a debilitated state of the constitution; for then the loss may be serious, and indicate a grave systemic condition.

Symptoms.—Giddiness, weight, or oppression in the forehead often precede the Hæmorrhage. Generally only one nostril bleeds. Sometimes the blood, instead of escaping in front, passes through the posterior nares into the fauces, and thence into the larynx or stomach. In the latter case, without careful investigation, it might be mistaken for Hæmorrhage from the lungs or stomach.

Causes.—*Injuries*, as a blow on the nose or some part of the head; *Congestion* of the head, from passion, over-exertion, coughing, etc.; or it may be *idiopathic*, as in the hæmorrhagic diathesis, Apoplexy, old age, etc. The plethoric seem to be liable to Epistaxis from an excess of blood, the anæmic from an altered condition of this fluid, and the diseased from degenerative changes in the blood-vessels. Sometimes it takes place from suppression of Hæmorrhoids, or, in women, from absent, scanty, or irregular period (*see Lady's Manual of Homœopathic Treatment*). In the latter instance it is said to be *vicarious* of menstruation. The *predisposing* cause is the extreme vascularity of the Schneiderian membrane — the mucous lining of the nasal cavities: thus, it is well known to be readily susceptible to cold, Syphilis, and other influences. As a consequence of this congestive tendency, the capillaries become distended, and Hæmorrhage may result.

Treatment.—*Hamamelis.* — *Venous* Hæmorrhage, where the blood oozes or drops from the lining of the nose; Epistaxis from the hæmorrhagic diathesis; also when the degenerative changes in the blood-vessels, as in old age, favour the discharge.

*Aconitum.*—Hæmorrhage from arterial excitement, or from passion. It is specially suited to plethoric persons.

*Belladonna.*—Cerebral Congestion; Epistaxis preceded by throbbing Headache and fulness in the forehead and temples.

*Arnica.*—From a blow, fall, or physical exertion; *Secale*—during fevers, etc.; *Podoph.* or *Puls.*—when the Hæmorrhage is vicarious of the monthly period; *China*, after the bleeding, when it has been excessive.

Accessory Means.—The application of cold water or ice to the forehead, neck, or back, raising the arms above the head, and holding them so for a short time, or pressing horizontally on the cheek-bone with the fingers, just above the bleeding nostril, and so compressing the blood-vessel, generally arrests the Hæmorrhage promptly. If, in spite of these means, the bleeding continues, a piece of lint should be rolled into the shape of the nostril, saturated with the tincture of *Hamamelis*,[1] and twisted rather tightly into the bleeding nostril, or into each, if the bleeding comes from both. Before inserting the plugs any clots of blood should be removed. This treatment is recommended on two grounds—the *styptic* effects of the *Hamamelis*, and the *support* of the vessels by the tightly-fitting plug. The patient should be placed in the recumbent posture, and the temperature of the room reduced.

Plethoric persons predisposed to Epistaxis or to Congestions should lead a temperate life, avoid stimulants, use frequent ablutions of cold water, and take moderate exercise daily in the open air. Immoderate exertion, fatigue, and much stooping are injurious. Delicate persons, of spare habit, are benefited by nourishing food. When bleeding from the nose frequently or periodically recurs, a change of air, and a more or less complete change of habits, are gene-

[1] Mr. Gilruth, L.R.C.S.E., recommends the lint to be soaked in the tincture of *muriate of iron*, and cites in the *Lancet*, December 2, 1871, two good cases in which he used it with success.

rally necessary to overcome the predisposition. But such cases should always be under the care of a professional Homœopath.

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## 113.—Polypus Nasi (*Polypus Nasi*)—Polypus of the Nose.

Varieties.—Polypi are of two kinds, and are generally located either in the nose, ear, throat, womb, or rectum.

*a. Gelatinous Polypi* are composed of the elements of the mucous membrane; they are pear-shaped, of yellowish colour, and consist of several soft, pedunculated, pendulous Tumours, streaked with a few blood-vessels. Their texture is so spongy as to imbibe atmospheric air, which renders them larger in damp weather than in dry. Polypi of the nose are usually numerous and of various sizes, and sometimes extend to the fauces, causing great obstruction in breathing. After removal they are apt to return.

*b. Fibrous Polypi* are much less common; they are often of a malignant character, and the cause of much suffering.

Symptoms of Nasal Polypi.—A nasal sound in the voice; the patient acquires the habit of keeping his mouth open to facilitate breathing; difficulty of swallowing liquids; the nose is enlarged externally on the affected side, and on looking up the nostril the Polypus may be seen. In consequence of the stuffy symptoms which a Polypus occasions, it may at first be mistaken for a Cold in the head. But on the nose being violently blown, the Polypus descends and appears near the orifice, causing the obstruction to return, contrary to the usual result of such an operation.

Treatment.—*Calc.-C.*, *Merc.-Iod.*, *K.-Bich.*, *Phos.*, *Teuc.*, *Thuja*, *Sang.* (internally, and powder of it externally), and *Opi.* have proved the most successful remedies. *Tannin* is also

recommended to be blown up the nostril as a snuff through a quill daily.

In the choice of one of the above remedies, reference should be made to the general constitution of the patient, and it should be used locally, in a more concentrated form, as well as internally.

In most cases it is necessary to remove these growths by surgical means. After their removal, dilute *Ac.-Nit.*, applied by a long camel's hair pencil, and also sniffed up.

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## 114.—Loss or Perversion of the Sense of Smell

(*Odoratus perditus vel perversus*).

This condition is generally consequent on some other affection, especially chronic Catarrh.

Treatment.—When *recent*, and dependent on a catarrhal Cold, or Rheumatism, *Acon.* in a low dilution will be readily curative. We have cured *chronic* cases, from similar causes, with *Puls.* or *Merc.*, according to the condition present. *Sulph.* is also valuable in *perverted* smell.

*Gels.*, *Sang.*, *Sepia*, and *Calc.-C.* have been recommended.

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# CHAPTER VII.

## Diseases of the Circulatory System.

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## 115.—Diseases of the Heart and its Membranes

(*Morbi cordis et membranarum ejus*).

Diseases of the heart command much attention in the present day, not only on account of the frequency of their occurrence, and the serious consequences they often involve,

but also as the result of our more perfect acquaintance with the organ both in its healthy and morbid conditions.[1]

Causes.—The most common causes of Heart-disease are—Rheumatic fever in the young (see Section 55); over-work of mind and body, anxiety, and too little rest in middle-life; and Kidney-disease and Atheroma in older persons. The potency and frequency of the second class of causes are obvious. Life is too frequently one round of perpetual excitement, business haste or competition, and railway-speed pursuit of pleasure or gain. The demands thus made on the ever-active organ lessen its nutrition, impair its structure, and imperil its action.

Touching diseases of the heart, we may at once state that all affections so characterised are not *organic*, but often merely functional, and due to temporary causes, as Palpitation from debility, Indigestion, etc. On the other hand, cases of sudden death frequently occur, which are supposed to be due to Apoplexy, but which are consequent on Heart-disease.

Treatment.—Organic affections of the heart may be greatly relieved and life considerably prolonged by judicious treatment. Professional judgment and experience are, however, specially necessary. Remedies are suggested for heart affections from Rheumatic fever, page 219. For affections of the heart consequent on over-exertion and insufficient rest, *Arnica* is an excellent remedy. Other remedies, for affections from other causes, are pointed out in the following Sections.

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## 116.—Angina Pectoris (*Angina Pectoris*)—Breast-Pang.

Definition.—Sudden, severe paroxysms of pain, or Spasm of an enfeebled or diseased heart, with a constricted, burning

[1] See *H. World*, v. ii. p. 110.

sensation, and intense anxiety, chiefly occurring in elderly persons, or past the middle period of life.

Symptoms.—The patient is seized with a sudden dreadful pain, which centres in the heart, and extends over more or less of the anterior portion of the chest, up the shoulder and down the arm. There is an agonising sense of anxiety, faintness, fear of instant death, Palpitation and dyspnœa, so that if walking he is compelled to stop and to fix on the first object that offers support, and so remains, pale and covered with a clammy perspiration. The paroxysms may terminate in a few minutes, or last for hours, and are liable to recur with increased severity, till at length one proves fatal.

Causes.—*Disease of the heart*, or obstruction of the coronary arteries, in consequence of which the muscular fibres of the heart become impaired. Under such conditions a paroxysm may be brought on by over-exertion, flatulent distention of the stomach, mental excitement, or even a frightful dream.

Epitome of Treatment.—

1. *For the diseased condition.*—Ars., Dig.

2. *For the paroxysm.*—Chloric Æther, Ac.-Hydrocy., Acon., Cact., Spig., Samb.

Leading Indications.—

*Aconitum.*—Recent cases, and for plethoric patients; when there is great sense of suffocation, anxiety, and throbbing.

*Digitalis.*—Cases in an advanced stage, the paroxysms recurring frequently and suddenly.

*Veratrum.*—Slow, intermittent pulse, cold extremities, cold perspirations.

*Arsenicum.*—Extreme dyspnœa, increased by the slightest movement, marked debility, pale and haggard face, feeble and irregular pulse, and dread of immediate death. *Ars.* is also valuable as an agent for warding off the paroxysms of this painful disease.

*Cactus Grand.*—When there is "a feeling as if the heart

were grasped and compressed as with an iron hand" (*i.e.*, *Spasm*); Rheumatism.

*Sambucus.*—Violent dyspnœa, awaking from sleep with a suffocative sensation, and dreadful anguish about the heart.

*Cuprum Acet.*—Drs. Bayes and Holland have both reported cases of Angina cured by this remedy. Although we have had no personal experience with the remedy in Angina, it is doubtless of great value in this terrible affection.

*Nux Vomica.*—Indigestion, the attacks being attended or followed by flatulence.

*Nitrite of Amyl.*—This is a remedy which has been recently introduced, and which is pronounced by some authorities to be the remedy *par excellence* for Angina Pectoris.

Accessory Treatment.—Brandy or some other diffusible stimulant,[1] in frequent small doses; a large hot bran-poultice over the region of the heart; and warmth to the extremities.

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## 117.—Syncope (*Defectio animæ*)—Fainting-Fit—Swooning.

Definition.—A loss of volition and muscular power, with partial or complete loss of consciousness, due to defective nervous power.

Causes.—*Debility* from constitutional causes, or from loss of blood or other animal fluids; emotional disturbances—fright, sudden joy, grief, etc.; Hysteria, etc. Many persons faint on seeing blood or a wound, or from the sight of operations, etc.

[1] Dr. Anstie, in *Reynolds's System of Medicine*, recommends *Sulphuric Ether* in the purely nervous form of Angina Pectoris, and mentions a case under his care, which he is sure would have long since ended fatally in one of the agonising attacks of spasmodic heart-pain, but for the discovery that by taking a spoonful of æther immediately on its commencement, the patient can greatly mitigate the attack, and has continued to do so with undiminished effect for the last three years (1868). Vol. ii. p. 749.

Epitome of Treatment.—

1. *For the fit.*—Camph., Mosch., Ammon.-Carb., or Acon. If the patient be unable to swallow any of the above remedies in strong tincture, especially the first two, they may be administered by olfaction. At the same time, all tight clothing should be loosened, the patient exposed to cool air, and cold water dashed on the face. The invariable tendency to the horizontal posture is a conservative one, and should not, therefore, be interfered with.

2. *For the debility.*—China, Ars., Iod., Ver.-Vir.

3. *Fainting from affections of the heart.*—Mosch., Dig., Ver.-Vir.

4. *Hysteric fainting.*—See Section 87.

Preventive.—Reference must be had to the constitutional state which causes fainting from trifling circumstances, in order to correct the tendency.

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## 118.—Palpitation, and Irregularity of the Action of the Heart (*Palpitatio et tumultus cordis*).

In a healthy condition, we are scarcely sensible of the heart's beat; the perfection of action, therefore, is indicated by entire unconsciousness that such action exists at all. Palpitation is evidence of a want of balance between the blood to be driven and the power of the heart to drive it. It is not, then, evidence of excessive power, but that the muscular power has been taxed and found unequal to the demand. "It is laboriousness, not excessive power, that is indicated by Palpitation" (*Fothergill*). When, however, the pulsations of the heart become much increased in force or frequency, or both, the unpleasent sensation known as "Palpitation" is experienced.

Palpitation and Disease of the Heart.—We infer Palpitation to be the consequence of functional disorder, as of Indigestion, when it occurs only occasionally, and when the

action of the heart is uniform during the intervals. In medical practice the fact is often observed, that patients with serious organic disease of the heart rarely suspect anything radically wrong until the disease has made considerable advances; while patients with *mere functional disorder* of that organ frequently *entertain the gravest apprehensions.* Most cases of Palpitation are from functional disorder and not from structural disease, and are consequently quite curable. Sometimes, from nervous irritability, some of the great arteries, particularly the abdominal aorta, take on an inordinate action, which might be mistaken for Aneurism.

Causes.—*Predisposing.*—A nervous temperament; Hysteria; a full habit; and Disease of the heart. *Exciting.*—Excessive joy, grief, fear, and other mental emotions; severe or prolonged exertions; profuse discharges; menstrual derangements; a disordered—especially an overloaded—stomach; flatulence; etc. Whenever the heart is aching under disadvantageous circumstances, Palpitation is never long absent. Thus any cause which, by pressure on the diaphragm, diminishes the space for the heart and impedes its beat, places the heart at a disadvantage, and Palpitation takes the place of the normal quiet contraction. *The excessive use of tea* is one of the common causes of irregularities of the heart's action in weak or nervous women; in some persons Palpitation follows *tobacco-smoking*, as it may also result from the administration of other deleterious agents. In such cases, of course, a cure can only be expected after the discontinuance of the noxious substance.

Treatment.—The subjoined has reference to simple Palpitation, unconnected with any organic disease.

Epitome of Treatment.—

1. *Palpitation from emotional causes.*—Acon.[1] (*from excitement*); Ign.[2] (*from grief*); Coff.[3] (*from joy, with wakefulness*); Cham. (*from passion*); Opi. or Ver. (*from fright or fear*).

[1] See *H. World*, v. ix. p. 194. [2] V. ix. p. 193. [3] V. ix. p. 194.

2. *From over-exertion.*—Arn.

3. *From Congestion.*—Acon., Bell.

4. *From Indigestion.*—Nux V., Puls.

5. *Nervous Palpitation.*—Mosch., Spig., Bell., Acon., Cact., Ars. See "Leading Inditations," further on.

In the following Table, abridged from Aitken, the chief characteristics of Palpitation from structural disease of the heart are placed in contrast with those from functional disorder.

TABLE OF THE CHIEF DIFFERENCES BETWEEN ORGANIC AND FUNCTIONAL DISEASE OF THE HEART.

| ORGANIC. | FUNCTIONAL. |
|---|---|
| 1.—Palpitation usually comes on slowly and insidiously. | 1.—Palpitation generally sets in *suddenly.* |
| 2.—Palpitation, or distressed action, though more marked at one time than another, is *constant.* | 2.—Palpitation is *not constant,* having perfect intermissions. |
| 3.—Percussion elicits *increased extent* and degree of *dulness* in the region of the heart. | 3.—Dulness in the region of the heart is *not extended* beyond the natural limits. |
| 4.—*Lividity* of the lips and cheeks, congested countenance, and Anasarca of the lower extremities, are often present. | 4.—There is *no lividity* of the lips and cheeks, countenance often chlorotic, and, except in extreme cases, there is no Anasarca. |
| 5.—The action of the heart is *not* necessarily *quickened.* | 5.—The action of the heart is generally *quickened.* |
| 6.—Palpitation often *not much complained of* by the patient, but occasionally attended with *severe pain extending to the left shoulder and arm.* (See "Angina Pectoris.") | 6.—Palpitation *much complained of* by the patient, often with *pain in the left side.* |
| 7.—Palpitation is *increased by exercise,* stimulants, and tonics, but is relieved by rest. | 7.—Palpitation is increased by sedentary occupations, but *relieved by* moderate *exercise.* |
| 8.—Is more common in the *male* than the female. | 8.—Is more common in the *female* than the male. |

Leading Indications.—

*Aconitum.*—Palpitation from the least excitement, with anxiety, chilliness, numbness of the extremities, or a sensation as if the heart ceased to beat; short, hurried breathing; *hot, flushed face.* It is specially adapted to *plethoric* patients.

*Belladonna.*—Oppression, tremor, pain about the heart; *throbbing in the neck and head; redness of the face.*

*Digitalis.*—Great irregularity, without any assignable cause, with inability to walk or lie down; great distress. One to three drops of the strong tincture every two or three hours.

*Pulsatilla.*—Hysterical symptoms; and in females suffering from deranged period.

Administration.—During a sudden attack, a dose should be administered immediately, and repeated every thirty to sixty minutes; afterwards, thrice daily for a few days.

Accessory Measures.—The patient must avoid mental excitement, stimulants, coffee, sleeping-draughts, indigestible food, etc. Pure air; cold water, used internally and externally; regular, moderate exercise in the open air, short of inducing fatigue; a contented and tranquil disposition, with light and nourishing diet, are excellent auxiliaries in the treatment of this affection.

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## 119.—Intermittent Pulse.

This variety of irregularity of the heart's action requires a distinctive notice. By the term intermittency is meant an absolute loss of the normal beats of the pulse, covering the time of a natural stroke, or in extreme instances, of two, three, or even more pulsations; probably from temporary failure of the left ventricle of the heart. The pulsation

following the intermission is heavier and fuller, showing that the ventricle is contracting on an extra volume of blood after the momentary pause, like a smith who, striking at the forge a number of strokes in regular succession, until tired of the action, changes it for a moment to give a more deliberate blow, and then rings on again in regular time.

CAUSE.—It is not supposed to be due to Indigestion or to any affection of the lungs, liver, kidneys, or other secreting or excreting organ, but to *deficient nervous force*. "I have never met with a case," says Dr. B. W. Richardson, "in which it has not been traceable to some form of cerebral excitement, with succeeding depression. Grief from the death of friends; shock from failures of business; disappointments; violent outbursts of passion; remorse, degradation; and, most fruitful cause of all in this madly striving age, over-work of brain—these are the outside influences leading to the changes on which the phenomenon of intermittency of the pulse most frequently depends."

TREATMENT.—We fully concur in Dr. Richardson's recommendation of change, sufficient rest and sleep, and the avoidance of excitement and stimulants; but our *Materia Medica* supplies us with remedies—such as *Dig.*, *Phos.*, *Nux V.*, *Ac.-Phos.*, *Acon.*, *Bell.*, *Spig.*—which are greatly superior to his depletive measures, purgatives, and opiates.[1]

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## 120.—Aneurism (*Aneurysma*).

DEFINITION.—A Tumour formed by the dilatation of an artery, or communicating with an artery, and containing blood. In its first stage, the Tumour contains fluid blood, and pulsates; in its second stage, it contains coagulated blood, deposited in numerous thin layers, like the leaves of a book.

[1] See *H. World*, v. iii. pp. 39, 235.

Aneurism may be *idiopathic*, or *traumatic:* the latter is caused by an injury to the artery. The disease is more common in men than women, and causes several hundred deaths in England annually.

Varieties.—The *fusiform* (spindle-shaped), sometimes called *true* Aneurism, consists of an unnatural dilatation of an artery; *sacculated* Aneurism is a partial dilatation of all the *coats* of an artery; and *diffused*, implies a sac formed by the surrounding tissues. The last variety has been mistaken for a purulent sac, and opened accordingly, to the imminent peril of the patient.

Treatment.—An Aneurism often requires surgical measures. Cases beyond the province of surgery are generally much benefited by *Acon.* or *Ver.-Vir.* They prevent arterial excitement, and remove all excuse for abstraction of blood.

*Arnica.*—This remedy may be alternated with *Acon.* in *traumatic* Aneurism.

*Phosphorus*—Is useful in *idiopathic* cases to prevent further arterial degeneration.

Accessory Means.—*Rest in a recumbent posture*, and a light unstimulating diet, are favourable adjuncts to the treatment; indeed, the beneficial results of recumbency are most remarkable. When an Aneurism has appeared near the surface, and a recurrence of the disease is dreaded in deeper and more vital parts, Dr. J. K. Chambers recommends a change to the climate of Italy, where degenerative disease is the exception, and acute disease the rule, the *opposite* conditions to those common in this country.

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## 121.—Phlebitis (*Phlebitis*)—Inflammation of the Veins.

Two varieties exist of this not very common disease:—

*a. Adhesive*, generally arising from exposure to wet and

cold, and affecting one of the large veins of the lower extremities.

*b. Suppurative*, which is a more serious form, frequently an aggravation of the adhesive variety, and sometimes caused by a wound or abscess.

*Phlegmasia dolens* (Milk-leg or White-leg) is an Inflammation of the veins, peculiar to nursing women, presenting symptoms and requiring treatment similar to Phlebitis.

Symptoms.—If the affected vein is near the surface, it appears reddish-purple; it is hard, swollen, and knobbed; severe pains may dart through the limb, especially on movement, and there is stiffness, with more or less œdema of the part. If Suppuration occur, it may be by means of an Abscess; or it may remain under the surface, producing purulent infection. Professional treatment is absolutely necessary for this form of the disease.

Epitome of Treatment.—Acon. (*febrile disturbance*); Ham. (*with varices*); Puls. (*with disordered menstruation*); Phos., Lach.

Accessory Measures.—*Rest;* fomentations of warm water; *Aconite lotion* if there be much pain; *Hamamelis lotion* (see next Section) if the veins are varicose. In acute cases the diet should be light and limited; when suppuration ensues it should be generous.

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## 122.—Varicose Veins (*Varices*).

Definition.—A condition in which the veins are dilated so that their valves, which cannot undergo a corresponding enlargement, cease to be efficient.

The disease occurs most frequently in the superficial veins of the lower extremities, and not usually in the deep-seated ones, because they are supported by the muscles and *fasciæ*.

When the veins of the spermatic cord are involved, the disease is called *Varicocele;* when those of the anus, it constitutes a form of *Piles.*

Symptoms. — The affected veins are dilated, tortuous, knotted, of a dull-leaden or purplish-blue colour, with much discoloration of the parts, and some œdema of the limb. If a great many small cutaneous veins are alone affected, they present the appearance of a close network. The enlarged veins and local swelling diminish after taking the horizontal posture.

Causes.—Generally, conditions which induce more or less permanent distention of the veins. Strains, or over-exertion of a part, may cause an afflux of blood into them and lead to their distention; standing occupations favour the gravitation of blood to the lower extremities; and, further, the length of a vein, such as the *internal saphena,* may lead to its undue distention in consequence of the long column of blood it contains. Obstacles to the return of venous blood, such as tight garters or stays, a Tumour, the pregnant uterus, or even impacted fæces, by pressing upon one of the large venous trunks, may occasion its permanent distention as well as that of its branches. In other instances, Varices seem to be due to a hereditary predisposition, altered condition of the blood, or deficiency of tone in the active organs of circulation, leading to an enfeebled and relaxed condition of the walls of the veins.

Consequences.—(1) Severe aching pain, with a sense of weight and fatigue, especially after long walking, or remaining for some time standing in one posture. (2) The vein may burst by injury, and occasion severe and dangerous Hæmorrhage. (3) Ulcers may arise from the imperfect circulation and nutrition of the skin, usually on the lower part of the outside of the leg. (4) They incapacitate for hard or long-continued work, being usually associated with constitutional debility.

Epitome of Treatment.—

1. *Simple Varices.*—Ham., Puls., Sil., Ac.-Fluor.[1]

2. *Associated with other disorders.*—Nux V. and Sulph., in alternation (*Constipation, Piles,* etc.); Ars. (*debility, burning pains, varicose Ulcers of the legs,* etc.); Ac.-Nit. (*weakly and scrofulous patients*); Acon. or Bell. (*painful inflammatory symptoms*); Apis (*œdema, and erysipelatoid redness*).

*Hamamelis Virg.*, administered internally, and applied as a lotion externally—a compress covered with oil-silk, and a well-applied bandage—is often specific. *Lotion.*—One part of the strong tincture to six parts of water.

Accessory Means.—Moderate compression by accurately fitting bandages or laced-stockings, so as to afford that support to the blood which the valves can no longer give, and to prevent increased distention. The pressure should be very gentle and uniform, and be applied in the morning, before the patient puts his feet to the floor, and maintained until he retires to bed. Should only a small portion of a vein be enlarged, a piece of strapping-plaster may afford the requisite support. Prolonged exercise or standing should be abstained from, and, after taking moderate exercise, the limb should be raised, and maintained in a horizontal posture. Standing is more unfavourable than walking. The leg should be well washed, and rubbed quite dry, every morning.

*Varicose Ulcers.*—Their treatment is the same as that of ulcers generally, with the exception of the following directions: Should a Varix burst, excessive Hæmorrhage may suddenly take place, inducing fainting or even death. The patient should be immediately placed flat on the floor, and the leg raised, when the Hæmorrhage generally ceases. A compress and bandage should then be applied to prevent subsequent bleeding. Excoriations or tender spots about varicose veins should have early attention, to obviate the formation of Ulcers. See Section on "Ulcers."

[1] See *H. World*, v. viii. p. 55.

## 123.—Goitre (*Bronchocele*)—Derbyshire-Neck.

Definition.—Enlargement of the thyroid gland, endemic in certain mountainous districts, but not limited to them.

The swelling is unattended with pain or danger, until it acquires a size sufficient to produce deformity, and, by its pressure upon the trachea and œsophagus, interferes with respiration and swallowing. Women are more subject to it than men, the proportion being about twelve to one, and the right lobe is more often enlarged than the left. It is most commonly met with in chalky districts and mountainous countries, and in the latter is often associated with Cretinism.

Causes.—The habitual use of water which percolates through magnesian limestone rocks or strata, and which holds in suspension the soluble salts of lime. A recent writer, Dr. J. B. Wilson, however, denies the influence of water as a cause, and attributes the swelling to laborious occupations in an unfavourable posture, and to the effects of elevation from the sea-level.[1]

[1] Dr. J. B. Wilson, surgeon to the 11th Hussars, who enjoyed unusual opportunities for investigating the subject, believes that it is not essential for persons to drink hard water before they can become the subjects of ordinary Goître; and, indeed, concludes from numerous chemical analyses of the drinking-water of goîtrous patients, that the disease is not connected with the composition of water at all. He rather attributes the enlargement to causes which disturb the balance of the circulation, especially to too active exercise in a somewhat constrained posture, and to the effects of elevation from the sea level. The writer also expresses the opinion that it is hereditary, and that it only exists among those whose parents have been afflicted with the disease. The conclusion to which he brings us is, that it is primarily occasioned by severe occupation in hilly districts necessitating some constrained posture in an atmosphere so rarified as to disturb the circulation by increasing its velocity, and that the constitutional tendency is transmitted by those who suffered from it to their children, who, if exposed to like occupations and atmosphere, at once give evidence of the disease.—*Medical Times and Gazette*, Dec. 19, 1874.

In some parts of England—Yorkshire, Derbyshire, Nottinghamshire, Hants, and Sussex—where the disease prevails, there is a ridge of magnesian limestone running from north to south through the centre of the district. All along that line Goître prevails to its greatest extent; and, diverging to either side, the disease is found to diminish (*Inglis*). In a goîtrous district in Switzerland, there are some waters issuing from certain rocks, and trickling along crevices in the mountains, the drinking of which will produce *Goître*, or increase goîtrous swellings, in eight or ten days, while the inhabitants who avoid these waters are free from the disease.[1]

Goître is generally enlarged during any derangement of the health, especially uterine; or by difficult labours, strains, twists of the neck, etc.

TREATMENT.—*Spongia.*—This remedy is recommended by Hahnemann for goîtrous persons living in valleys; it is also suitable for children, and girls approaching puberty, who do not require *Iod.*

[1] The opinion that impure drinking-water is the cause of Goître is as old as Hippocrates and Aristotle, and has been held by the majority of physicians. The opinion may be said actually to have been put to the test of experiment, since, both in France and Italy, the drinking of certain waters has been resorted to, and apparently with success, for the purpose of producing Goître, and thereby gaining exemption from military conscription. Investigations into this subject now include the Alps, Pyrenees, Dauphiné, some of Russia, Brazil, and districts in Oude in North-west India. A table from Dr. M'Clellan's work is very striking:—

GOÎTRE AND CRETINISM IN KUMAON (OUDE).

| Water derived from | Percentage of Population Affected | |
|---|---|---|
| | With Goître. | With Cretinism. |
| Granite and gneiss ... ... ... ... | 0·2 | 0 |
| Mica, slate, and hornblende ... ... | 0 | 0 |
| Clay slate ... ... ... ... ... ... | 0·54 | 0 |
| Green sandstone ... ... ... ... ... | 0 | 0 |
| Limestone rocks ... ... ... ... ... | 33 | 3·1 |

*Iodium.*—Inveterate, hard Goître, affecting dark patients, and when there is an absence of other symptoms.

*Mercurius Iod.*—In cases of long standing, and when the tumour is enlarging in spite of the previous remedies, we have used *Merc.-Iod.* with excellent results.[1]

*Calcarea.*—Goître associated with Struma.

*Lapis albus,* in the hands of Dr. Grauvogl, has proved very effective.[2]

*K.-Hydriod., Brom., Nat.-Carb., Phos.,*[3] and *Sulph.* have also been recommended.

The external application of the drug given internally we have found to greatly facilitate the cure.

An entire removal of the swelling is not always possible; still, much is gained if the tumour is lessened, or its further enlargement prevented. Any impairment of the digestive or uterine functions should be corrected, for with such disorders a Bronchocele often attains inconvenient and even alarming proportions.

Auxiliary Measures.—The most essential point in the treatment is the *removal of the patient from the district in which the affection occurs.* The necessity for this may be inferred from the fact that persons taking up their residence in affected localities soon acquire Goître, while others affected with Goître soon lose it on leaving such localities. A dwelling on the coast, and sea-bathing, are advantageous, and then the remedies may be administered with greater hope of success.

Exophthalmic Bronchocele is an "enlargement, with vascular turgescence, of the thyroid gland, accompanied by protrusion of the eyeballs, Anæmia, and Palpitation."

Cause.—*Nervous exhaustion.* This may be induced in females by Leucorrhœa, Menorrhagia, etc., or by Hæmorrhoids in males.

[1] See *H. World,* v. ix. p. 145. [2] V. ix. p. 274. [3] V. ix. p. 18.

TREATMENT.—This is simple, depending much on hygienic means, which may be assisted by such remedies as China (*loss of animal fluids*), Ferr. (*Anæmia*), Puls., Nux V. (*gastric irritability*), etc. The "Accessory Means" suggested for "Anæmia" are equally necessary here.

## CHAPTER VIII.

### DISEASES OF THE RESPIRATORY SYSTEM.

### 124.—Hay-Asthma (*Asthma ex fœnisicio*)—Hay-Fever—Summer Catarrh.[1]

DEFINITION.—A specific disease, affecting predisposed persons only, and affecting them in the same way, and at about the same period every, or nearly every, year, and caused by the emanations from certain flowering plants, including the grasses. The term Hay-fever is not sufficiently inclusive, for the odours from hay, although sufficient in many cases, less frequently produce the affection than the various flowering plants. Dr. A. S. H. Waters, who is a severe sufferer from the affection, thinks that it partakes somewhat of the nature of Ague, certain emanations, and atmospheric conditions, depressing the nervous system.

SYMPTOMS.—They are those of an ordinary Catarrh, to which those of *Asthma* are superadded. There are—itching of the forehead, nose, eyes, and ears; much general irritability and lassitude; sneezing; profuse discharge from the nose; tightness of the chest, dyspnœa, and Cough; pricking sensations in the throat, general depression, etc. Exposure to the emanations from powdered *Ipecacuanha* give rise to similar symptoms in many persons.

[1] See *H. World*, v. iv. p. 138.

Epitome of Treatment.—

1. *When the chest is chiefly affected.*—Ipec., Ac.-Hydrocy., K.-Bich., Ac.-Carbol.[1]

2. *When the nose, eyes, and throat.*—Ars. (*much debility, with acrid discharge*); Euphr. (*profuse lachrymation*); K.-Hydriod., Sabad.[2]

3. *Prophylactics.*—Ars., Iod., K.-Bich.

*Sabadilla.*—Dr. Bayes recommends one drop two or three times a day in water, and the administration of the drug by olfaction several times daily; and he adds, "By this means I have cured many severe cases, and made numerous converts to our system."

*Liq. Potassæ Arsenitis* is recommended as a *specific.* We have obtained excellent results in many cases from *Ipec.*, *Euphr.*, *Merc.*, and *Ars.* In several, the disease has not recurred in subsequent years.

Inhalation.—The remedy used internally should also be administered by inhalation (see Sec. 32), either by simple olfaction, or, still better, in the form of vapour: this is produced by means of an ordinary perfume- or spray-producer. Inhalation should always be employed during an attack.

Accessory Means.—Removal to the coast, with a barren surrounding country, or to any part where flowering plants and grass do not grow, or hay is not stored, offers the surest protection. The symptoms are mitigated by protection from bright sunlight, and by such means as tend to promote the general circulation. Cold or tepid bathing, the cold shower-bath, and the Turkish bath are also recommended under different conditions. In one reported case, two or three minutes' swim in the sea removed the symptoms as if by magic.

[1] See *H. World*, v. viii. p. 44. [2] V. iv. p. 176.

## 125.—Croup (*Angina Trachealis*)—Inflammatory Croup.

Definition.—An inflammation of the mucous membrane of the *larynx* and *trachea*, with secretion of tenacious mucus, and considerable swelling from effusion into their submucous areolar tissue.

Symptoms.—The disease usually begins as a Catarrh, the first indication being *fever* and *Hoarseness* (a symptom which always indicates the implication of the larynx and the neighbourhood of the vocal cords) in the voice or cry of the patient, with a peculiar barking cough. After one or two days, or even without any premonitory indisposition, *usually at night*, the symptoms become aggravated, the sleep being interrupted by paroxysms of *hoarse* coughing, the child throwing its head back to put the windpipe on the stretch. A metallic ringing sound is heard in the inspiration and in the cough, which has been compared to the crowing of a young cock, or to the barking of a puppy; and although the respiratory efforts are great, it is evident, from the turgescence of the face and neck, that an insufficient quantity of air enters the lungs. After the fit has continued for a time, a few minutes to an hour or more, there is an interval of relief usually of several hours' duration. The pulse is frequent and wiry; and there is loss of appetite, thirst, and great distress.

Dangers.—An attack may prove fatal in two or four days, from exhaustion, suffocation, Convulsions, or the formation of a coagulum in the heart. If the local symptoms are very severe, and the paroxysms recur frequently, the prognosis is unfavourable. The tendency to death is by *Apnœa*, the œdema and mucus contracting the natually narrow passage at this part. One attack predisposes to subseqnent ones. When a case is about to prove fatal, the breathing becomes so greatly impeded that the lips and cheeks become livid,

cold, and covered with clammy sweats; the eyes red and sunken; the entire organism prostrated; and, unless speedily relieved, the child expires in a state of suffocation; or Coma and Convulsions ensue, and end the struggle.

Causes.—The *predisposing* cause of Croup may undoubtedly be explained by the anatomical fact that the trachea is very small in infants, and does not enlarge in the same proportion as other parts of the body till after the third year; after this period, the calibre of the trachea enlarges rapidly, and the liability to Croup diminishes accordingly. In some families the predisposition is hereditary.

The *exciting* causes are—cold; dark, damp, and unhealthy localities; sudden changes of temperature; wet feet; poor or scanty food, especially the adoption of improper diet when a child is weaned; insufficient clothing, or previous illness.

Like most diseases of the respiratory organs, Croup is most fatal in the winter and spring. *Low* and *moist* districts are its favourite haunts. Towns situated near the banks of rivers have an extra share of it; and it has been noticed to prevail in such places, especially among the children of washerwomen, clearly showing the relationship of cause and effect. Dr. Alison observed it often occasioned by children sitting or sleeping in a room *newly washed*, and noticed its frequent occurrence on a Saturday night—the only day in the week it was customary for the lower classes in Edinburgh to wash their houses.

Epitome of Treatment.[1]—

1. *At the commencement.*—Acon., *alt.* Spong. or Ant.-T.
2. *Fully-developed Croup.*—Brom., Iod., Spong., K.-Bich., Hep.-S.

Leading Indications.—

*Aconitum.*—Febrile symptoms, *spasm of the larynx*, inducing *difficult breathing*. In urgent cases, a dose every ten, fifteen,

[1] See *H. World*, v. iii. p. 46; v. v. p. 23; v. vi. p. 272; v. viii. p. 78.

or thirty minutes. Even when another medicine is indicated the remedy chosen should be alternated with *Acon.*, as Spasm frequently occurs during the course of the disease.

*Bromine.*—Asthenic Croup, with extreme congestion and swelling of the air-passages; affection of upper part of the air-tubes, causing the child to grasp at the throat and evince anxiety; dry croupy cough, like that of a sheep, grating and tickling. A low dilution (1x) should be administered alt. *Acon.*, if the skin is hot and dry, every half-hour or hour till improvement ensues.

*Spongia* or *Iodine.*—One of these may be chosen if there be a hard, barking, or whistling Cough, and the breathing is very laboured. *Iod.* should have the preference in scrofulous patients, and be administered also by inhalation.

*Hepar Sulphur.*—Loose Cough, with a ringing or brassy sound, and constant rattling in the respiratory organs, during which the patient tries in vain to get relief by expectoration.

*Phosphorus* or *Arsenicum*, according to the symptoms, may be required if debility be very great and the disease take on a typhoid character. One of these remedies may be alternated with another having more affinity to the local lesion.

Administration.—In very severe cases, every fifteen or thirty minutes; in less severe, or during improvement, every two, four, or eight hours.

Accessory Measures.—During the treatment everything should be avoided that would be likely to excite or irritate the patient. A partial or complete warm bath at 98° Fahr., repeated in a few hours if the patient continue very hot; sponges or cloths squeezed out of *hot* water and applied to the throat; the feet and general surface of the body should be kept warm, and the air of the apartment raised to about 65° Fahr., and this temperature uniformly maintained by day and night; watery vapour should be thoroughly diffused therein by keeping a kettle of water constantly boiling on the

fire, or over the flame of a spirit-lamp, and fixing a tin or paper tube to the spout to convey the vapour near to the patient. In very severe cases, a tent should be formed over the patient's bed, and steam conducted under it by a tube from boiling water, to which a few drops of *Iodine* or *Kali Bich.* have been added. This method of administering medicines by inhalation is a most valuable one in Croup.

During cold weather, or in very susceptible patients, it is sometimes desirable to keep the child in a large apartment, the air of which is made artificially warm and moist, for ten or fourteen days.

*Trachcotomy.*—The judgment of the medical attendant only can decide when this operation is necessary.

Diet and Regimen.—During the attack, water is almost the only article admissible, and may be given in small quantities. During recovery, milk-and-water, arrowroot, gruel, etc. In the case of delicate children, or if great weakness suddenly occur during the course of the disease, it may be necessary to support the patient by essence-of-beef and wine-and-water, which should be administered in small quantities, at regular and frequent intervals. In the case of an infant at the breast, the mother should adopt the dietetic suggestions contained in the Section on "Dyspepsia."

Preventives.— It may be remarked that when cold and cough are noticed in a young child, with *Hoarseness and loss of voice,* he should be sedulously watched, and guarded against cold and *damp,* and have a carefully-selected, light diet. If any feverish symptoms exist, *Acon.* should be administered; in the absence of fever, *Hep.-S.*

## 126.—Coryza (*Gravedo*)—Catarrh (*Catarrhus*)—Cold in the Head; and Bronchial Catarrh (*Catarrhus bronchiorum*).[1]

The condition expressed under the above different terms is of very common occurrence, and often the precursor of very serious affections. It consists of inflammation of the mucous membrane of some portion of the air-passages. If the mucous membrane of the nose is affected, it is called *Coryza;* if the *trachea,* and large bronchial tubes, *Bronchial Catarrh.*

Symptoms.—Coryza usually commences with lassitude, slight shiverings, weight in the head, sneezing, watery eyes, and obstruction of one or both nostrils, with a discharge of thin, colourless fluid. If it be a severe cold, the foregoing symptoms are soon followed by a dry Cough, Hoarseness, Sore throat, dryness, tenderness, and swelling of the nostrils, pains and soreness of the limbs, general weakness, more or less fever, quick pulse, thirst, loss of appetite, etc. Under a vigorous condition of the constitution, or as the result of judicious treatment, the symptoms soon subside. In other cases, the complaint may assume the form of Bronchitis, Pneumonia, Quinsy, Erysipelas, Toothache, Neuralgia, or even excite Consumption in a predisposed person.

Causes.[2]—Exposure to draughts of cold air; wet boots or clothing; insufficient clothing when the body is *cooling after having been heated.* Wet feet or wet clothes do not ordinarily result in a Cold if the individual changes his clothes for *warm, dry ones,* immediately after ceasing from active exercise, and avoids any further exposure. But if a person perspires, and then gets chilled, he will be very likely to take cold, and to exhibit some of its effects. It is not when the body is *hot,* but when it is *cooling,* that it is most susceptible. When the

[1] See *H. World,* v. iii. p. 45; v. vi. p. 275; v. viii. p. 244; v. ix. p.

[2] V. ix. p. 107.

body has been heated or exhausted by exercise, the frame is not able to *react*, and then the application of cold increases the depression. *Partial exposure* to a cold atmosphere, as in a close carriage with the windows open, is more injurious than a general exposure; probably because the balance of the circulation is less disturbed in the latter case, and the lungs are better supplied with oxygen. Damp beds, prolonged bathing, passing from heated rooms to cold ones, or into the open air, give cold.

TREATMENT.—*Camphor.*—This remedy is suited to the *chill* or cold stage, when its prompt administration, in two-drop doses, repeated several times, every ten or twenty minutes, will often terminate the disease in the first stage. It should be chosen in preference to *Acon.*, when the patient has still to be exposed to atmospheric changes. It is of little or no use except in the *incipient* stage.

*Aconitum.*[1]—Commencement of a Cold, or in the precursory stages of diseases resulting from a Cold, with *feverishness*. If promptly administered, it often obviates the necessity for any other medicine. A dose every second or third hour. If the Cold have advanced into any other disease, *Acon.* may be alternated with, or substituted by, some other remedy.

*Bryonia.*—For Bronchial Catarrh—"Cold on the chest"—with hard Cough, shaking the head, etc., and soreness of chest, *Bry.* is one of the best remedies, with or without *Acon.*

*Gelseminum.*[2]—Watery discharge from the nose, soreness in the throat and chest, Cough and Hoarseness; early stage of acute Bronchitis, without the excitement calling for *Acon.*; catarrhal Ophthalmia.

*Arsenicum.*—Abundant discharge of *thin, hot, excoriating mucus* from the nostrils, with *burning sensations;* flow of tears; lassitude and *prostration.*

*Pulsatilla.*—Impaired taste and smell; thick fœtid dis-

[1] See *H. World*, v. vi. p. 173. [2] V. v. p. 83.

charge from the nose; heaviness and confusion iu the head; *aggravation of the symptoms in the evening or in a warm room;* sharp pains in the ears and sides of the head, frequently changing from one place to another.

*Mercurius.*—Constant *sneezing,* with soreness of the nose; thick mucous discharge; alternate heat and shivering; *profuse perspiration; Sore throat;* aggravation of the symptoms towards evening. It is often useful in alternation with *Nux V.* If *Merc.* fail, *Hep.-S.* may be substituted.

*Euphrasia.*—Acrid fluent Coryza, with involvement of the lining membrane of the eyes, and *profuse lachrymation.*

*Kali Bichromicum.*—*Chronic Catarrh,* and chronic affections of the respiratory mucous membranes generally, with Hoarseness, *tough, stringy sputa,* chronically inflamed or ulcerated throat, Cough, etc. An additional indication is a concurrent affection of the digestive mucous membrane—yellow-coated tongue, etc.

*Bapt.* (with feverish Cough); *Nux V.* ("stuffy Cold"); *Ipec.* or *Cact.* (rattling of mucus); *Cimic.* (chronic); *Rumex* (sensitiveness to cold air); *Cham.* (infants and young children); *Dulc.* (often *preventive* or curative of Cold from damp).

Accessory Means.—The *hot foot-bath* (see Sec. 26) at bed-time, and warm gruel when in bed. When the directions are promptly and efficiently carried out, Cold may generally be arrested in its incipient stage. When the Catarrh is established, the most essential measure to ensure a rapid recovery is to avoid exposure to atmospheric vicissitudes until the attack has passed away. In serious cases the patient should remain in bed for two or three days. As a rule, light food, and a very sparing use of meat, should be adopted at the commencement of a Cold. Young infants should be fed with milk by means of a spoon, and simple cerate, cold cream, or tallow applied to the nostrils.

To Diminish Excessive Sensibility to Cold.—Extremely

sensitive persons should consult a homœopathic physician, who will be able to prescribe both hygienic and medicinal measures suitable to individual cases. The two following measures are, however, recommended for general adoption. 1st.—*Free exposure to the open air daily.* Familiarity with the atmosphere has a wonderful influence in diminishing the sensibility of the skin, and enabling the body to resist the invasion of cold. 2.—*The morning cold bath.* Cold-sponging over the entire surface of the body, the plunge-bath, or the shower-bath, is an invaluable method of protecting the body against injury from exposure to changes of temperature. Taken regularly in the morning, the cold bath inures the surface of the body to a greater degree of cold than it will probably encounter during the day; at the same time it promotes a vigorous capillary circulation, which is essential to the harmonious and healthy working of the system. For hints on the use of the bath, see Sec. 11.

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## 127.—Aphonia (*Aphonia*)—Loss of Voice—Hoarseness.

Definition.—Aphonia is a temporary or permanent paralysis of the muscles which approximate the vocal cords in the production of sounds.

Causes.—Acute or sub-acute inflammatory condition of the mucous lining of the larynx and trachea, a frequent accompaniment of a common Cold. Hysteria or debility is a cause of simple Aphonia. Aphonia from the pressure of an Aneurism or glandular Tumour, is also accompanied by marked dyspnœa. It is rather a symptom than a disease *per se.*

Symptoms.—The voice is hoarse and husky, at times almost

or entirely inaudible ; there is tickling, dryness, or irritation, and perhaps soreness in the throat, with a short dry Cough.

Epitome of Treatment.—

1. *Simple hoarseness.*—Phyto.[1] (*also complete or chronic loss of voice*) ; Hep.-S. (*wheezing*) ; Phos.[2] (*Paralysis of the vocal cords*) ; Carbo V. (*chronic*).

2. *With Cold in the head or chest.*—Acon., Caust., Merc., Bry., Spong., Phos., Dulc.

3. *From over-exertion of the voice—clergymen, singers,* etc.—Phyto., Caust., Arn., Bary.-C., K.-Bich., Bell.

In some cases the *Sulphurous Acid* spray may be effectually employed.[3] The throat and neck should be often bathed with cold water, as a preventive. *Electricity* is also of use.

*Leading Indications* and *Accessory Means* are pointed out in the preceding Section ; also in that on "Sore Throat."

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## 128.—Bronchitis (*Bronchitis*).

*a.* Acute Bronchitis is acute Inflammation of the mucous membrane of the *bronchi*—the air-tubes of the lungs. It may affect either the large or the small bronchi ; and the smaller the tubes in which the inflammation exists, the greater the danger. Bronchitis is most common in elderly persons, although it is not infrequent in children.

Symptoms.—At first there is fever, with headache, lassitude, anxiety, Hoarseness, Cough, heat, and soreness of the chest, and other symptoms of a common Cold. The mucous secretion is at first arrested, but afterwards increased in quantity. There is a sense of tightness or constriction in the chest, especially of the upper front part ; oppressed, hurried, anxious, laboured breathing, with wheezing, severe Cough, which is at first dry, but is afterwards accompanied with

[1] See *H. World*, v. ii. p. 89. [2] V. vii. p. 6. [3] V. iv. p. 73.

viscid and frothy expectoration, sometimes streaked with blood; the breathing-sounds are accompanied by dry or moist râles; subsequently the sputa becomes thick, yellowish, and purulent, but never rusty-coloured as in Pneumonia, although it is frequently streaked with blood. The pulse is frequent and often weak; the temperature of the body is always raised, in severe cases as high as 105°; there is throbbing in the forehead and aching in the eyes, aggravated on coughing; the tongue is foul; the urine is scanty and high-coloured; with other febrile symptoms. In favourable cases, the disease begins to decline between the fourth and eighth days, when the breathing becomes easier, and the expectoration thicker, less frothy and stringy; and the complaint soon entirely disappears, or assumes the chronic form.

In cases about to terminate fatally, the skin becomes covered with *cold* perspiration; the cheeks and lips are pale and livid; the extremities cold; there is rattling and a sense of suffocation; the breathing being nearly suspended by the morbid secretion which chokes up the bronchial tubes and their ramifications, and which the patient has no longer power to cough up; at length, extreme prostration and complete insensibility end in death.

Morbid Anatomy.—On a *post-mortem* examination, we find the trachea, the bronchi, and their divisions and subdivisions, completely blocked up by a frothy, adhesive mucus, resembling that which had been expectorated during life.

*b.* Chronic Bronchitis is a somewhat different disease, very common in advanced life. In mild cases there is only habitual Cough, shortness of breath, and copious expectoration, and entire absence of Pyrexia. Many cases of winter cough in old persons are examples of Chronic Bronchitis. It is often insidious in its approach, although it sometimes succeeds to acute Bronchitis, when that disease has been neglected or badly treated.

Causes.—Similar to those of common Cold :—exposure to cold draughts of air, to keen and cutting winds, sudden changes of temperature, scanty clothing, or undue exposure of the throat and neck after public speaking and singing. There are certain "social indiscretions" which are fertile causes. Among these are the habits of our business men, "who, after a hurried early breakfast, hasten to catch the train or 'bus to the city, where they work all day on little or no food, and start on the homeward journey in the evening with the vital powers depressed, and in a condition most favourable to the inroad of disease. Ladies are also 'indiscreet' in exposing themselves to draughts of cold air, in the thinnest and scantiest clothing, in halls or passages, or even in the open street on the way between a crowded room and their carriage. Thin boots, and too late resort to winter habiliments, are also sources of danger; as is also inattention to the fact that those advanced in years require warmer clothing than the middle-aged."

*Winter Cough*, often regarded with indifference, is, in many cases, but a precursor or symptom of this common disease. "When an epidemic of Cholera sweeps away its *hundreds*, public attention is attracted, and fear induces attention to precautions hitherto despised. Bronchitis sweeps away its *thousands annually*, and is surely deserving of more general attention than is ordinarily given to a mere 'winter Cough.'"

Epitome of Treatment.[1]—

1. *Acute Bronchitis.*—Acon., Ant.-T., K.-Bich., Bry., Phos., Ipec.

2. *Chronic.*—Ant.-T. (*much loose mucus*); K.-Bich. (*tough, stringy phlegm*); Carbo V. or Ars. (*great debility*); Ammon.-Carb. (*incessant Cough, with sensation as if there were wool in the larynx*); Merc. (*purulent expectoration*); Sil., Phos., Sulph.,

[1] See *H. World*, v. vi. pp. 153, 179.

Cact. *Ac.-Nit.* is strongly recommended by Dr. Dyce Brown and others.[1]

3. *In children.*—Acon., Phos., Bry., Puls. (*loose Cough*); Ipec. (*spasmodic Cough*); Ant.-T. (*accumulation of mucus*).

4. *Remedies sometimes required.*—Bell., Coni., Seneg., Spong., Iod., Opi.

Leading Indications.—

*Aconitum*—Should commence the treatment of all cases with the usual *febrile symptoms.* If administered early and frequently it will materially shorten the attack, and perhaps be alone curative. A short, hard Cough, excited by tickling sensations in the windpipe and chest, inducing frontal Headache; and burning and sore pain in the chest, are also indications.

*Bryonia.*[2]—Violent Cough, chiefly affecting *the upper part of the chest,* under the breast-bone, with copious expectoration of thick yellow mucus, sometimes blood-streaked. In advanced stages, this remedy is often valuable in alternation with *Phosphorus. Bry.* is also useful in the acute attacks of children with suffocative Cough, great agitation and anxiety.

*Kali Bich.*—Bronchitis, with irritation in the larynx and chest, inducing severe and long-continued paroxysms of Cough, with *tenacious and stringy* phlegm. A *yellow-coated tongue,* and loss of appetite, are also indications. It is very useful when Catarrh runs on into Bronchitis, and in chronic Bronchitis, with the above symptoms.

*Antimonium Tart.*—Paroxysms of *suffocative* Cough with loose expectoration, *wheezing respiration;* the whole chest seems to be involved; frequently also there is Palpitation, pain in the loins and back, Headache, thirst, etc. In chronic Bronchitis, it is often useful in promoting expectoration.

*Ipecacuanha.*—*Spasmodic Cough,* with or without expecto-

[1] See *H. World,* v. ix. pp. 169, 243. [2] V. viii. p. 285.

ration of blood, often with sickness, and great difficulty of breathing; also as an expectorant.

*Phosphorus.*—Chronic cases, and whenever the lungs are involved, or there is inability to remove the phlegm.

*Arsenicum.*—Chilliness in the chest; a *suffocative sensation on lying down;* anxious, laboured breathing; or when the lungs do not permit the fresh entrance of oxygen into the air-tubes, and thus are incapable of expelling the morbid secretions. *Ars.* is well indicated in the aged or feeble.

*Ars.-Iod.*—Frequent Cough, with *muco-purulent*, or *stringy expectoration*, often aggravated on exertion; and at night; *dyspnœa on exertion;* asthmatic sensations, compelling the patient to sit up in bed to breathe; slight night-sweats.

*Carbo Veg.*—Chronic Bronchitis in the aged; profuse expectoration, or profuse mucous accumulation, which the patient is unable to remove; *blueness of the nails, coldness of the extremities*, and loss of voice. *Solania* is useful in similar cases.

*China.*—Useful in *sustaining the constitution* under the heavy discharge of mucus. It may be administered alone or in alternation with another remedy.

Administration.—In acute cases, a dose every two to four hours; in chronic, thrice daily.

*Kreasote Inhalations.*—In Chronic Bronchitis, with excessive expectoration, the inhalation of the vapour of *Kreasote*—three or four drops in a pint of boiling water—checks the secretion. It also corrects fœtid sputa.

See also Section on "Cough."

Accessory Means.—In acute Bronchitis the diet should be light and liquid, including gum-water, barley-water, gruel, jelly, beef-tea, etc. Free diaphoresis should be induced by frequent draughts of water and a couple of extra blankets. In both acute and chronic Bronchitis great relief is obtained by the use of the Alkaline Mineral Waters of Ems

Seltzer, and Obersaltzbrunnen. The air of the patient's apartment should be maintained at a temperature of about 65° to 70° Fahr., and be kept *moist* by the evaporation of hot water from shallow dishes near the bed; but proper ventilation should also be preserved. Congestion of the lungs may be relieved by covering the chest with large hot linseed-meal poultices. If there is great prostration, nutritious liquid diet and stimulants are necessary; if they cannot be taken by the mouth, they should be administered in the form of enemata.

PREVENTIVE MEANS.—The first and most important is, cold bathing in the morning, that particular form of bath being adopted which is found most useful or convenient. (See Bathing, Sec. 11.) Susceptible patients may wear a good respirator whenever exposed to night air, or during inclement weather; but *such exposure should be avoided* as much as possible. *Keeping the mouth shut*, and breathing through the nose only, on exposure to cold air, often answers as well as a respirator.[1]

Another preventive in the case of males is the *beard*, which protects the respiratory passages against the effects of sudden changes of temperature. In many instances, the beard would protect clergymen, barristers, and other public speakers, as well as singers, from the injurious effects of sudden variations of the atmosphere, from which professional men often suffer.

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## 129.—Asthma (*Asthma*).[2]

DEFINITION.—Asthma is a spasmodic disease, characterised by paroxysms of difficult breathing, with great wheezing, and a dreadful sense of constriction across the chest; each paroxysm terminates by the expectoration of a more or less abundant quantity of mucus.

[1] See *H. World*, v. vi. p. 187. [2] V. viii. pp. 12, 254.

Symptoms.—A paroxysm generally occurs in the night, particularly from midnight to early morning; the patient wakes suddenly with a sense of suffocation, springs up in bed, and assumes various postures; or he even rushes to the open window, where he leans forward on his arms, employing all the muscles of the neck, back, and chest to assist respiration; and, wheezing loudly, from the great obstruction to the entrance and exit of air, labours for breath like one struggling for life. The countenance bears evidence of great distress; the eyes protrude; the skin is cold and clammy; the pulse small and feeble; the perspiration stands in large drops on the forehead, or runs down the face; and he often looks imploringly, sometimes impatiently, at his medical attendant for relief from his misery. At length, after an uncertain time, one to three hours or longer, there comes a remission; cough ensues, with expectoration of mucus, and the paroxysm ceases, permitting the sufferer to fall into the long-desired slumber.

The attacks are unattended with fever, but are generally preceded by some disturbance of the digestive organs. They are often periodic and sudden, and attended with distressing anxiety.

Physical Signs.—On *percussion* during a fit, the chest is resonant, showing that the lungs are distended with air; but on applying the stethoscope little or no respiratory sound is heard, as if the air were imprisoned or in a state of stagnation in the air-cells; and it is probable there is a spasmodic contraction of the muscular fibres of the air-passages which stops or modifies the respiratory murmur.

Diagnosis.—The physical conditions of the chest just pointed out, the abruptness and violence of the symptoms, and the comparative good health enjoyed between the attacks, are sufficient to distinguish the disease.

Causes.—Irritation of the nerves of respiration resulting

in most cases from *deranged digestion*, from the intimate nervous connection existing between the digestive and the respiratory organs; it may also be produced by changes of the atmosphere, or by the introduction of some poisonous but subtle material floating in the atmosphere, and brought by inspiration into contact with the respiratory surface, such as the minute particles, or the mere odour, which passes off from powdered ipecacuanha or hay; the vapour of sulphur, sulphurous acid gas, or chlorine. Asthma is often associated with the gouty or rheumatic diathesis. Excessive exertion and mental emotion frequently bring on a paroxysm. After it has once occurred, Asthma is easily reproduced in Indegestion, especially after *late dinners* or *suppers*. A frequent repetition of the fits leads to a dilated state of the air-passages and air-cells of the lungs (*Emphysema*), dilatation of the right cavities of the heart, and the general displacement of that organ which uniformly exists in persons who have *long* suffered from this disease. The disease may also be hereditary.

Epitome of Treatment.—

1. *For the attack.*—Acon., Ipec., Cup., Lob., Ac.-Hydrocy., Nitrite of Amyle (by inhalation).

2. *Asthma of children.*—Samb., Ipec., Gels.

3. *From suppressed eruptions.*—Graph., Sulph., Zinc.

4. *Chronic Asthma.*—Ars., Nux V., Sulph., Arg.-Nit., Cocc., Plumb., K. Hydriod.[1]

Leading Indications.—

*Ipecacuanha.*—A tight sensation in the chest, panting and rattling in the windpipe, which feels as if full of phlegm; coldness, paleness, anxiety, and sickness; troublesome Cough. A dose every ten or fifteen minutes during an attack; afterwards, every three or four hours.

*Aconitum.*—The striking power of this great remedy in

[1] See *H. World*, v. viii. p. 14.

affections of the pneumogastric nerve characterised by imperfect and laboured breathing, has suggested its use in spasmodic Asthma, during the paroxysms of which we have often administered it with marked and speedy relief.[1] It is especially indicated by oppressive anxiety, dyspnœa, and laboured action of the heart.

*Lobelia Inflata.*—Pure nervous Asthma, with a constrictive suffocative sensation; spasmodic Cough; Vomiting; giddiness, etc. *Baptisia;* for similar symptoms.

*Cuprum.*—Also useful in attacks of nervous Asthma.

*Nux Vomica.*—Probably the best anti-Asthma remedy. It is homœopathic to that condition of the digestive system which is the most common cause of the irritation which results in bronchial Spasm. Again, "after the paroxysm subsides it leaves a condition of the digestive organs for which *Nux Vomica* is the great remedy. The tongue is coated with a thick, yellow fur; there is often slight nausea, flatulence, and constipation. Besides, the breathing is seldom quite right; generally there remains a sort of physical memory of the struggle. The patient feels that no liberties must be taken, either of diet or exercise. Out of this secondary state of

[1] A few years ago, a lady, on a visit to Reading, was seized with a severe attack of Asthma; the tightness of the chest and dyspnœa were extreme, and the patient could not lie down. We prescribed *Acon.* ϕ (rad.) in the evening. On visiting the patient early next morning, we found her in the breakfast-room, and so changed that we did not know her. She was quite well. She had suffered from repeated attacks before, and recoveries were tedious. Just as we were preparing the fourth edition of this work for the press, this lady again visited Reading, and after having been free since the above attack, was again seized with asthma. We were sent for in great haste, as death seemed imminent. As we were not at home, the messenger—the patient's brother—said another medical man must be called in at once, as the symptoms were urgent. The previous treatment of the case was referred to in our case-book, and *Acon.* ϕ given. In less than ten minutes after taking a dose of the *Acon.* mixture, the spasm relaxed, and when we saw the patient on our return, she was quite restored, and needed no further medical treatment.

bondage nothing will liberate so effectually as *Nux Vomica*" (*Russell*).

*Arsenicum.*—Short, anxious, wheezing breathing; aggravation of the sufferings on lying down, and upon the least movement; periodic, suffocative attacks, with pale or bluish face. It is especially useful in the aged and feeble, and in chronic Asthma, with burning heat in the chest, cold sweats, and prostration; also when complicated with Heart-disease, or following Bronchitis or Catarrh.

*Veratrum.*—Violent *paroxysms* of spasmodic Asthma, with coldness of the nose, ears, and feet, *cold perspirations*, and great prostration.

*Sulphur.*—Chronic Asthma apparently connected with Gout, skin eruptions, or some other constitutional taint; also after other medicines have but partially succeeded.

*Ant.-T.*, *K.-Hydriod.*, *Eup.-Perf.*, *Rumex*, and *Bell.*, should be noted.

Accessory Means.—During a fit, striking relief may often be obtained by putting the feet and hands into *hot water*. Smoking *Stramonium* at the commencement of a fit removes it like a charm in some: in others, however, it fails altogether; the inhalation of *Aconite-vapour* is much more certain and efficacious; also of *Sulphur*, *Turpentine*, or *common Salt*, either inhaled from hot-water, or by spray-producer. *Coffee*, as strong as it can be made, and as hot as it can be taken, without milk or sugar, is sometimes palliative. Holding the breath as long as possible helps to relax the Spasm. In obstinate cases *inhalation* of *Chloroform* may be employed to relax the contracted muscular fibres. Tobacco-smoking, and other such measures, are of no ultimate utility, and are, moreover, rendered unnecessary by homœopathic treatment. Relief is often obtained by the fumes of burning *Nitre* on a plate, which is done by placing some pieces of blotting-paper, about the size of the hand, previously

saturated in a solution of the nitrate of potash; one of these pieces being ignited, the fumes are diffused throughout the room, and their influence is soon made evident. At the same time, ventilation must not be neglected; the windows should be regularly thrown wide open to renew the air of the apartment.

PREVENTIVE MEASURES.—Persons predisposed to Asthma should strictly avoid all its exciting causes, especially indigestible food and heavy suppers; wet feet, damp clothes, and sudden changes of temperature. The inclination to *stooping* should be corrected, and the shape and capacity of the chest improved by a systematic course of drilling. The "plan of dietary" sketched in the first chapter of this volume should be adhered to; for the slightest disorder of the stomach may occasion an attack. Pastry, highly-seasoned dishes, too great a variety or too great a quantity at one meal, coffee, and heating beverages, should be avoided. "More is to be done for asthmatic patients on the side of the stomach than in any other direction." In some cases the diet should be weighed, the hours of meals fixed, and rigidly adhered to. An important point is to take the last solid meal at such an hour as shall allow time for its complete digestion before retiring to bed. Although suppers are generally injurious, a cup of bread-and-milk or a small sandwich is acceptable in the evening, and is by no means hurtful to an asthmatic patient desiring food at that time.

The *Shower-bath* is a valuable and potent agent to fortify the body against Asthma; the sudden application of water strengthens the whole system, and renders the body less sensitive to atmospheric changes. Out-of-door exercise, walking or riding, is also useful; but it should not be taken within one or two hours after a meal, or to such an extent as to occasion fatigue.

## 130.—Pneumonia (*Peripneumonia*)—Inflammation of the Lungs.[1]

Definition.—Acute Inflammation of the true lung-tissue, in contradistinction to that which affects the air-tubes of the lungs (*Bronchitis*), and that of the investing membrane of the lungs (*Pleurisy*); the febrile symptoms are severe, appear very rapidly, and, in favourable cases, as rapidly disappear between the fifth and tenth days, while the products of the Inflammation still remain.

If one lung only be involved, it is termed single Pneumonia; if both, double. The latter occurs in about one out of every eight cases; in the single variety two cases out of every three are Pneumonia of the right lung. The portions chiefly involved are the lower posterior and the base of the lung. The disease frequently co-exists with Pleurisy, when, if Pneumonia forms the chief disease, the double affection is called *Pleuro-pneumonia*. If, however, Pleurisy predominates, it is termed *Pneumo-pleuritis*.

Symptoms.—Pneumonia generally comes on insidiously, with restlessness and febrile disturbance, and sometimes has made great progress before the true character of the disease has been discovered. There is deep-seated, dull pain referred to the scapulæ, or felt as an oppression under the sternum; a great feeling of illness; frequent, short cough, with expectoration of viscid matter of a green, yellow, or pale colour, sometimes tinged with blood, which forms such tenacious masses that inversion of the vessel containing them will not detach them. Profuse *green* expectoration is a serious symptom. The breathing is hurried and difficult; the skin hot, especially in the regions of the ribs and armpits; there is no moisture in the nostrils, which "flap," and the eyes are tearless; there exists great thirst; interrupted, hesitat-

[1] See *H. World*, v. ii. p. 168; v. iv. pp. 50, 73, 227; v. viii. pp. 112, 149, 159, 202.

ing speech; the pulse is variable, being sometimes rapid and full, at other times hard and wiry, or quick and weak; the urine is scanty, red, and sometimes scalding; and the patient lies either on the affected side or on his back. If the disease is unchecked, the face often exhibits patches of redness and lividity; the blood-vessels of the neck become swollen and turgid; the pulse weak, irregular, or thready; and the patient may sink, either from exhaustion, or from obstruction of the lungs.

Physical Signs.—On percussing the chest of a person in health, a hollow resonant sound is returned, proving the presence of air. If we apply a stethoscope to the chest, we hear, as the patient breathes, certain sounds produced by the air entering the air-cells,—"*the vesicular murmur.*" In Pneumonia these sounds become changed; there is dulness on percussion; and, in the first stage, by auscultation, *minute crepitation* may be heard, which has been compared to the sound produced by rubbing a lock of hair between the finger and thumb close to the ear. In the next stage, the sound just described cannot be heard, for as the Inflammation proceeds, the soft and spongy character of the lung is lost, as it becomes consolidated by organisation of the effused fibrine in the air-cells, and resembles the cut surface of the liver; this condition is called *Hepatization*. *Percussion* elicits great dulness over the whole of the affected part. During convalescence, as the air-cells open, *minute crepitation* may be again heard, and afterwards the natural vesicular murmur.

In persons having a low vitality, purulent infiltration may occur, which consists of diffused suppuration of the lung-tissue. In rare cases, a circumscribed Abscess forms, and on applying the ear to that part of the chest, a gurgling sound may be heard; this condition is usually preceded by rigors; and a hollow or cavernous sound follows when the Abscess has been emptied by coughing and expectoration. The occur-

rence of copious expectoration of whitish or yellowish mucus, general perspiration, a sudden abundant discharge of urine with copious sediment, Diarrhœa, or even bleeding of the nose, may be regarded as forming a crisis, encouraging the hope of a favourable termination.

Occasionally, in old or enfeebled constitutions, *Gangrene* of a portion *of the lung* may occur. This condition is easily recognised by a most intolerable odour of the patient's breath, resembling that proceeding from mortification of external parts. Unless the gangrenous portion is extremely limited, the case is almost certain to terminate fatally.

Causes.—Severe or long-continued exertion, or over-fatigue, either alone or combined with cold. Brief exposure to *cold*, however intense, is rarely sufficient to excite this Inflammation; it is rather a *prolonged and deep-reaching cause of* cold that can produce this effect. "Thus," writes Dr. C. J. B. Williams, "if a person gets thoroughly wet, and remains long in wet clothes, or lies out on damp ground, or a sentinel standing or slowly pacing for hours in a cold wind, the chill goes to the heart, as it were, and paralyzes the deep circulation, and Pneumonia is likely to be the result. Boys who get heated at football, or some other violent exercise, throw themselves on the damp grass, or remove clothing to cool themselves, or stand about; the chill operating on the exhausted body causes extreme Congestion in the lungs, the circulation of which has been weakened by the previous violent respiratory efforts. The result is Pneumonia, generally asthenic, commonly double, and attended with much prostration."

Epitome of Treatment.—

1. *At the onset.*—Acon. in alternation with Phos.[1] In previously healthy patients, and in uncomplicated cases, these two medicines are generallly sufficient.

[1] See *H. World*, v. iv. p. 73; v. v. p. 280; v. vi. pp. 9, 272; v. viii. p. 112; v. ix. p. 91.

2. *Pleuritic complication.*—Bry., in alternation with Phos.

3. *Bronchial complication.*—Ant.-T., alt. Phos.

4. *Other conditions.*—Chel. (*liver complications*); Ars. or Ac.-Nit. (*aged persons or feeble constitutions*); Iod. (*scrofulous patients*); Sulph. (*tedious, or sub-acute*); Rhus, Ars., or Bapt. (*enteric symptoms*); Carbo V., Ars., or Lach. (*foul breath, Gangrene,* etc.); Cact. (*Congestion in the chest*); Ver.-Vir.[1] (*also cerebro-spinal irritation*); Arn. (*from injury or over-exertion*); Lyc.[2] (*deep-seated pain or bronchial irritation left after Pneumonia*).

Accessory Means.—The patient should be warmly but lightly covered; the temperature of the apartment 60° to 65°.

A large, thick linseed-meal poultice, or *spongio-piline*, to fit the chest in front and back. A continuous poultice is one of the best methods of providing for the local loss of vitality in Pneumonia and similar diseases. Niemeyer says, "In all cases I cover the chest of the patient, and the affected side in particular, with cloths which have been dipped in cold water and well wrung out. The compresses must be removed every five minutes, unpleasant as this procedure is in all cases, yet even after a few hours the patients assure me they feel a material relief. The pain, dyspnœa, and often the frequency of the pulse are reduced. Sometimes the temperature goes down an entire degree." The patient must be kept very quiet, have mucilaginous drinks and farinaceous diet, and be treated generally as directed under *Enteric Fever*, Sec. 40.

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## 131.—Pleurisy (*Pleuritis*).

Definition.—Acute Inflammation of the *pleura* (the serous membrane which invests the lungs and lines the thorax).

In health, the pleura has a smooth, lubricated surface, to

[1] See *H. World*, v. iv. p. 262. [2] V. vii. p. 79.

permit the free motion of the viscera it encloses; Inflammation destroys this polished surface, so that movement of the membranes, or of the lungs, is rendered difficult and painful.

Pleurodynia (*false Pleurisy*) is pain in the chest-*walls*, and does not belong to the pleuræ, or lungs. See Sec. on "Neuralgia."

Symptoms.—The disease comes on suddenly and violently, with rigors, fever, and *lancinating, stabbing pains*, often called "stitches in the side," commonly felt below the nipple, and usually affecting only one side; the pains are acutely increased by coughing, by pressure, or by the least attempt at a deeper inspiration, which the patient soon refuses to take. There is tenderness at the intercostal spaces, and the breathing is diaphragmatic, the movements of the ribs being restrained, and the lungs only partially filled with air. There are also a short, frequent, dry cough; parched tongue; flushed face; hard, wiry, quick pulse (about 100 in the minute); scanty, high-coloured urine; and the patient constantly desires to lie on the affected side, or on the back. Should the lung also be involved, the expectoration will be very copious, and streaked with blood.

The Inflammation, however, soon terminates either in *resolution*, when the two surfaces of the pleura regain their smooth, moist character; or the roughened and inflamed surfaces become more or less *adherent;* or *effusion* takes place, and a dropsical fluid separates the surfaces, a condition known as *Hydrothorax*. In severe cases, the effusion may be so excessive as to compress the lungs and heart, and to suspend their functions. Sometimes there is a large collection of true pus, which fills the pleuritic cavity, when it is termed *Empyema*. This condition is likely to arise in bad constitutions, and also when the Inflammation has resulted from injury, or the presence of foreign matter in the cavity. The quantity of effusion may be estimated by the dyspnœa with

which the patient suffers being greater in proportion as the lung is more completely compressed, as also by the extent of the dulness on percussion.

Physical Signs.—On applying the stethoscope to the affected part of the chest at an early period, the dry inflamed surfaces may be heard rubbing against each other and producing a *friction-sound;* this rubbing may also be *felt* by placing the hand on the corresponding part of the chest; it is probably due to the pleura being preternaturally dry by exhalation, or to its being roughened by effusion of fibrine. This sound is only to be heard for a short time, because the opposite surfaces become glued together, or, more probably, separated by serous effusion; in this there is dulness on *percussion* at the lower part of the chest, as high as the level of the fluid. To the same extent the respiratory murmur is also lost. *Ægophony* may also be heard there occasionally. At the same time the patient, though at first he preferred to lie on the sound side, is compelled to turn to that which is affected, so that the movements of the healthy lung may not be impeded by the superincumbent weight of the dropsical pleura.

Causes.—Exposure to atmospheric vicissitudes, and sudden checking of the perspiration, are the most frequent causes, especially in persons of unhealthy constitutions: surgical operations and mechanical injuries are frequently exciting causes; thus the rough ends of a fractured rib may set up Inflammation of the pleura. It may also be excited by extension of other diseases. The cause of the disease may materially alter the treatment.

Treatment.—*Aconitum.*[1]—In the early stage of the disease. After two or three doses, its beneficial effects are often marked by perspiration, which contrasts most favourably with the hot dry skin, urgent thirst, quick pulse, and

[1] See *H. World*, v. ii. p. 168; v. viii. p. 11.

general suspension of the secretory functions which previously existed.

*Bryonia.*—This is a remedy of great power in Pleurisy (as in all other Inflammations of serous membranes), even in its most violent forms. Its special indications are—stinging, shooting, or burning *pains* in the side, *aggravated by breathing or movement;* painful, dry Cough, or Cough with expectoration of glairy sputa; laboured, short, anxious, and rapid respirations, performed almost entirely by the abdominal muscles; weariness, disposition to retain the recumbent posture; irritability, restlessness, etc. A dose every one to three hours, alone, or in alternation with *Acon.*

*Arsenicum.*—Tedious cases; when much effusion has taken place, evidenced by painful, *oppressed breathing,* occasional attacks of suffocation, etc.; *coldness of the body, exhaustion.*

*Iodium.*—Scrofulous patients, in whom the disease is protracted. Even when effusion has occurred, *Iod.,* in alternation with *Acon.* or *Bry.,* is still the best remedy for the strumous.

*Phosphorus.*—If the lungs are affected (*Pleuro-pneumonia*); also in persons of weakly constitution, sensitive lungs, and predisposition to Consumption. The expectoration is *rusty-coloured,* and there is much prostration.

*Antimonium Tart.*—Cough, with rattling of mucus, oppressed breathing, sometimes nausea, *profuse expectoration,* violent throbbings of the heart, and *a sense of suffocation.*

*Arnica.*—Pleurisy supervening upon long-continued and laborious exercise, or from external injury; especially when pain and soreness remain, or when much fluid has been effused: in the latter case, *Arn.* tends to promote its absorption.

*Sulphur.*—When the lancinating pains in the chest have subsided, *Sulphur* will often complete the cure. It is also

advantageous as an *intercurrent* remedy when recovery is slow, and when the breath and expectoration are *fœtid.*

*Ac.-Tannic.*[1]—Spontaneous and profuse evacuation of pus.

Accessory Measures.—Application of heat, in the form of poultices, flannel wrung out of hot water, etc., applied to the painful part, will often afford immediate relief. Dr. Roberts, of University College, treats pleurisy both before and after effusion by strapping the affected side firmly with broad pieces of common plaster, placed obliquely to the direction of the ribs, so as to secure *rest.* Many cases, it is said, have been cured very quickly simply by this means.

Bleeding in every form should be avoided. Perfect quiet with a semi-recumbent posture should be secured. The diet should be light,—gruel, arrowroot, broth; frequent sips of cold water will allay thirst. In case of effusion into the pleura, the diet should be dry.

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## 132.—Cough[2] (*Tussis*).

Like Hoarseness, Cough is rather a symptom of disease than a disease *per se.* It is often the forerunner or attendant of some of the most fatal diseases of our climate, and should, therefore, never be neglected. There are many varieties of Cough, but we here only give a list of the remedies in most frequent use, adding the leading characteristic symptoms of each. Cases that persist, in spite of one or more of the annexed remedies, should be regarded as of too constitutional a nature to be treated merely by the aid of books.

Treatment.—*Aconitum.*—A dry, hard, *recent* Cough, with restlessness, flushed face, Headache, thirst, burning dryness in the throat, scanty urine, confined bowels, etc.

*Belladonna.*[3]—Short, *dry,* hollow, convulsive Cough, gene-

[1] See *H. World,* v. viii. p. 69. [2] V. viii. p. 133. [3] V. ix. p. 93.

rally worse at night, in bed, better from cold, excited by a sensation of *tickling in the throat*, and accompanied by *flushed face*, *Headache*, and other symptoms of *Congestion of the head*.

*Hyoscyamus*.[1]—*Nervous, dry*, spasmodic Cough, affecting old persons, also children and hysterical women, *worse* at night, and especially *on lying down*.

*Bryonia*.—A *hard, dry, shaking Cough*, worse in the daytime, attended with *pain in the side*, chest, and head; Cough aggravated by passing from warm air to cold, or *vice versâ*; loose Cough, with white or yellow expectoration, sometimes streaked with blood; nausea and vomiting.

*Ipecacuanha*.[2]—Irritating, nervous, and *spasmodic* Cough, with *nausea or vomiting*; the early stage of Hooping-cough.

*Spongia*.—Dry, barking, or *whistling, laryngeal* Cough, with tickling; Hoarseness, and loss of voice.

*Hepar Sulphur*.[3]—Irritating Cough, with Hoarseness and smarting in the throat, excited or aggravated by exposure to cold or atmospheric changes; *Cough with chronic Indigestion*.

*Ac.-Nit*.[4]—Chronic Cough; non-phthisical dry Cough, also when active *non-tubercular* phthisis has *subsided*; long-standing, short, dry, teasing, *laryngeal* Cough without expectoration.

*Drosera*.—Nervous, sympathetic, *spasmodic* Cough, worse at night, with retching or vomiting, and sometimes *blood-streaked sputa*. Patient perspires on waking. The best remedy after *Acon*. in uncomplicated Hooping-cough.

*Phosphorus*.[5]—Dry Cough, excited by tickling in the throat; *Hoarseness*, and pains or soreness in the chest, with rust-coloured, bloody, salty, or purulent expectoration; *phthisical Cough*. Talking, laughing, eating, or moving causes aggravation.

[1] See *H. World*, v. viii. p. 113.
[2] V. viii. p. 113.
[3] V. viii. p. 81; v. ix. pp. 14, 93.
[4] V. ix. p. 169.
[5] V. iv. p. 50; v. v. p. 30; v. vi. p. 43; v. vii. p. 279; v. viii. p. 12.

*Mercurius.*[1]—Chronic, moist Cough, worse at night, with *purulent or muco-purulent sputa.*

*Carbo Vegetabilis.*—Cough on taking the least cold; *obstinate Hoarseness* or loss of voice.

*Kali Bich.*—Cough with *tough, stringy expectoration,* preceded by much wheezing, accompanied with difficult breathing, and followed by dizziness.

*Chamomilla.*—Cough of *children during teething,* with wheezing breathing, *fretfulness,* etc.

*Sulphur.*[2]—*Obstinate* dry Cough, with tightness in the chest, and retching; loose Cough, with expectoration of whitish or yellowish mucus during the day, and dry Cough at night, attended with Headache, Spitting of blood, etc.

Beverages.—Gum-water, barley-water, linseed-tea, and other mucilaginous drinks; or, if preferred, small quantities of cold water, at frequent intervals.

Preventives.—Cold bathing or sponging the whole surface of the body every morning, as directed under Bathing, Sec. 11. Clothing adapted to the varying conditions of the atmosphere: see Sec. 10. Exercise, every day in the open air, if possible in the country. Familiarity with a free atmosphere affords a security against excessive sensibility to variations of the weather. *Morning* air is best; damp, confined air, or that of crowded assemblies, should be avoided.

[1] See *H. World,* v. vii. p. 79. [2] V. ix. p. 14.

## CHAPTER IX.

### Diseases of the Digestive System.

### 133.—Stomatitis—Inflammation of the Mouth.

Symptoms.—Patches of redness on the lining of the mouth, which are sore, and from which an exudation takes place.

Causes.—Exposure of badly-nourished children to cold; gastric derangement; Measles or other eruptive fevers; or the introduction of hot and acrid substances into the mouth.

Treatment.—*Kali Chloratum.*—Fœtid breath, great soreness, and Ulceration of the mucous surfaces of the tongue, palate, and cheek. We generally administer the 1x trituration. This remedy may also be used as a wash for the mouth; eight grains of the *Chlorate of Potash* to four ounces of water.

*Mercurius.*—Abundant *salivation;* swelling of glands.

*Ac.-Nit.* 1x.—When concurrent with portal Congestion, and the ordinary symptoms of *biliousness.*

*China.*—To *invigorate* the patient when the Ulcerations are healed.

*Tannic Acid Gargle.*—If used early, the affection is often immediately suppressed by a wash of *Ac.-Tannic* (℥j ad. aq. ℥viij). The *Sulphurous Acid Spray,* with the administration of *Sulph.* and *Hep.-S.,* has rendered important service.[1]

Accessory Means.—The cause should, if possible, be removed, and if stomachic, the diet corrected. As a rule, the patient's diet should be restricted for some time to milk, or milk and soda-water in equal proportions, which is both nourishing and digestible, and may be taken without add-

[1] See *H. World,* v. iv. p. 146.

ing to the patient's discomforts. Afterwards chocolate or cocoa may be gradually substituted, and continuously used instead of tea for the morning or evening meal. Good animal broths are also generally required as the disease declines.

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## 134.—Thrush (*Aphthæ*)—Frog—Sore Mouth.

Definition.—An inflammatory fungoid product, consisting of numerous minute vesicles terminating in white sloughs on the surface of the mouth, and sometimes extending to the whole of the gastro-intestinal mucous membrane.

Symptoms.—Small vesicles or white specs appear upon all parts of the lining membrane of the mouth, and are sometimes so connected as to form a continuous covering over the tongue, gums, palate, and in bad cases even extending to the fauces and gullet; feverishness; pain on swallowing. The neighbouring glands are sometimes swollen and tender. Extension of the disease to the bowels, dark-coloured eruption, and violent Diarrhœa, may arise in severe cases.

Causes.—A delicate or strumous constitution; insufficiency or unhealthy condition of the mother's milk; or, in infants who are fed by hand, an unsuitable quantity or quality of food; acid secretion in the mouth; want of cleanliness; bad drainage, etc. Thrush sometimes occurs during the course of Measles, Enteric fevers, Consumption, and in the diseases attendant upon old age, and forebodes an early fatal termination, because it is then a sign of enfeebled vital energy.

Treatment.—*Borax* has a specific power over this affection, and will alone cure it if limited to the mouth. The mouth may also be washed with a weak solution of *Borax* (four grains to one ounce of water), in which three or four drops of strong Carbolic acid are mixed, by means of a soft

brush. Or *Borax* and *Glycerine* may be used, half a drachm of the former to one ounce of the latter. The infant will swallow sufficient for a dose each time the solution is used.

*Mercurius.*[1]—Offensive breath, *dribbling saliva,* Diarrhœa, gangrenous Ulcers, etc. If administered when the white specks first appear, it is often alone sufficient.

*Arsenicum.*—Extension of the eruption to the stomach and bowels; *dark-coloured eruption,* having an offensive odour; *exhausting Diarrhœa.*

*Sulphur* may follow *Ars.* or any other remedy that does no further good; also when Thrush has nearly subsided, to prevent a relapse, and when there are eruptions on the skin.

*Bry.* or *Nux V.*—Gastric derangement, dryness of the mouth, white or yellow mucus on the tongue.

General Treatment.—Strict cleanliness, good ventilation, abundance of fresh, out-of-door air, and suitable diet. The mouth may be cleansed with cold water or a piece of fine linen rag, and the child should be allowed to suck a rag wetted with a solution of *Sodæ Hypo-sulph.* in cold water, so given that the rag may not be drawn altogether into the mouth. Emollient fluids—infusion of linseed, thin solution of borax and honey, etc., are grateful and useful. Vinegar, Carbolic acid, Sulphurous acid, etc., diluted with water, are also recommended as local applications or gargles, to cleanse the affected surfaces. *Sulphurous acid* is best applied by means of the *spray-producer,* in the proportion of one part of acid to ten parts of water; it should be continued for two or three minutes, and repeated once or twice a day. If the Sore mouth be due to ill-health in the mother, the child should be at once provided with a wet-nurse, or weaned. In the latter case, if under three months old, the child should be fed with *Sugar-of-Milk,* or if more than three months old, with *Neave's Farinaceous Food.*

[1] See *H. World,* v. vi. p. 135.

## 135.—Offensive Breath.

In perfect health, the odour of the breath is sweet and agreeable; on the contrary, fœtid breath is usually a concomitant of disorded digestion, Scurvy, malignant Sore throat, etc.; it is also disagreeable and infectious during the progress of the eruptive, enteric, and pestilential fevers; but in no disease is it more offensive than in *Gangrene* of the lung; indeed, that condition may be recognised by this symptom alone. Sometimes offensive breath arises from neglect of cleansing the mouth and teeth after meals.

Treatment.—*Carbo Veg.*—Putrid odour of the breath from decayed teeth, bad condition of the gums, large doses of *Mercury*, or other causes. A dose thrice daily, for eight or ten days, or as long as may be necessary.

*Hep.-S.* or *Ac.-Nit.* may follow, especially when *Carbo V.* is insufficient, and when the fœtor results from previous mercurial Salivation.

*Spigelia.*—Offensive breath, perceived only by others, with much white or yellow mucus in the mouth and throat; the back part of the tongue is painful, and feels swollen.

*Mercurius.*—Fœtid breath from a Sore or aphthous mouth.

*Nux Vom.* or *Puls.*—From Indigestion.

*Aur.* or *Puls.*—In females advancing towards puberty.

*Sulphur*, morning and night for a week, may follow any of the preceding remedies, and complete the course.

Accessory Means.—General attention should be given to diet, the use of water, pure air, regular out-of-door exercise, bathing, and such other hygienic means as are indicated in the first chapter of this Manual. Animal food should only be eaten in moderation; and the teeth and mouth should be carefully cleansed at least twice a day. *Perfumed Carbolic Acid*, diluted with water, makes an excellent wash for the mouth for patients troubled with fœtid breath.

## 136.—Cancrum Oris (*Gangræna oris*)—Canker of the Mouth.

Definition.—A sloughing or gangrenous Ulcer of the mouth, occasionally occurring in ill-fed, tuberculous children, from two to six years old, especially in low damp situations.

Symptoms.—The inflammation generally begins at the edges of the gums opposite the incisors of the lower jaw; the gums are white, spongy, and separate from the teeth, as if *Mercury* had produced its specific effects. Ulceration begins and extends along the gums until the jaws are implicated; and as the disease advances, the cheeks and lips swell and form a tense indurated tumefaction. The teeth are apt to fall out; and the parts taking on a gangrenous condition, the breath becomes intolerably fœtid. There is generally enlargement and tenderness of the submaxillary glands. In severe forms of the disease the destructive process rapidly extends, so that in a few days the lips, cheeks, tonsils, palate, tongue, and even half the face, may become gangrenous, the teeth falling from their sockets, a horribly fœtid saliva and fluid flowing from the parts (*Aitken*).

Treatment.—Merc.[1] (*often specific in cases not caused by Mercury*); Ac.-Mur. (*Canker associated with severe disease—Measles*, etc.); Ac.-Nit. (*from excessive doses of Mercury*); Ars. (*extensive disorganisations, extreme prostration*); K.-Chlor.

*General Treatment* same as prescribed in the previous Section. Strong beef-tea, raw eggs beaten up in milk, and cod-liver oil, are often necessary. Also a lotion of *K.-Chlor.*

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## 137.—Teething (*Dentitio*).

There are two sets of teeth; the first—the milk teeth—appears during the early period of life, and falls out in the

[1] See *H. World*, v. vii. p. 80.

seventh or eighth year, to be replaced by the permanent, which is not completed till the commencement of adult life. The order in which the milk-teeth appear is generally as follows :—About the sixth month the two middle incisors of the lower jaw, followed in a few weeks by the corresponding incisors of the upper jaw; next appear the two outside incisors of the lower jaw, and soon after those of the upper; after another interval of perhaps about two months, the first four molars, then the eye teeth, and, lastly, four other molars, completing, by about the second year, the teeth of the first set. Should there be any little deviation from this order, or should dentition be a little prolonged, no great importance need be attached to it.

Dentition being a natural process, should certainly not be regarded as in itself a disease, still less a dangerous one, but simply a natural period of the development of the child's organism. Notwithstanding, in feeble, strumous children, the process of teething is a trying one, and in some instances may be even dangerous.

Disorders.—The increased activity and excitement in the vascular system, combined with the nervous irritation which sometimes attends Dentition, may, in delicate or strumous children, give rise to a greater or less amount of local or constitutional disturbance. Rickets greatly influences the progress of teething. If this disease sets in previous to the commencement of Dentition, the evolution of the teeth may be almost indefinitely delayed; or, if some are already cut, further progress is arrested. Rickety children of eighteen months or two years old may often be seen with very few teeth, and those few black and carious. In Tuberculosis and congenital Syphilis, on the other hand, the teeth are cut early, and before the frame is sufficiently consolidated to sustain the necessary changes.

But, as in too early Dentition, the constitution is rarely

sufficiently strong to sustain the evolutions it has to undergo; so in late Dentition, there is a languid condition, indicative of a scrofulous constitution; and in neither case should domestic treatment be confided in.

Symptoms.—Irritation in the mouth, swollen or tender gums, and increased flow of saliva; starting as if in fright, or interrupted sleep; sudden occurrence of febrile symptoms; various eruptions on the head or body; derangement of the digestive organs—Diarrhœa, sickness, or Constipation; and sometimes Spasms and Convulsions. Diarrhœa and other symptoms of Indigestion are most frequent in the summer and autumn, and when, therefore, children are most exposed to sudden changes; disordered Dentition, further, is often coincident with a change of diet from the mother's milk to various articles which are unsuited to the age of the child.

Causes.—Strumous constitution; Rachitis. The exciting causes are *irregular* feeding; *excessive* feeding; *improper quality of food;* keeping the head too hot; too little out-of-door air. By such means the stomach is disordered, the nervous system disturbed, and restlessness, crying, Colic, and even convulsions follow. In nearly every case these causes may be avoided, and the sufferings reduced to a minimum, even in strumous constitutions.

Local affections of the gums, as inflammation; or disproportion between the jaw and the number and form of the teeth, are also causes of suffering.

Epitome of Treatment.—

1. *Feverishness*, etc.—Acon., Cham. (*fretfulness; one cheek pale, the other flushed*).

2. *Diarrhœa.*—Cham. (*sudden starts; pinching-pains; slimy or yellow, sour-smelling, offensive motions*); Merc. (*green or bloody*); Coloc. (*Colic*); Podoph. (*paroxysms of pain, with Prolapsus Ani*); Bell. (*nervous irritability, flushed cheeks*); Calc.-C. *or* Sulph. (*scrofulous children*); Ars. (*with emaciation*).

3. *Constipation.*—Bry., Nux V., Sulph., Acon., Plumb.

4. *Sleeplessness,* etc.—Coff. (*nervous excitability*); Bell. (*flushed face*); Gels. (*simple wakefulness*); Kreas. (*agitation*).

5. *Convulsions.*—Bell., Cham., etc. See Section 83.

6. *Irregular dentition.*—Calc.-C. (*too early or late*); Ac.-Phos. (*excessive weakness*; *rachitic constitution*; see also Section 69); Sil. (*perspirations about the head*); Kreas. (*thin, irritable children*; *early dental decay*). Also the use of lime-water.

*Chamomilla.*—Bilious Diarrhœa, with intestinal irritation, fretfulness, restlessness, disturbed circulation.

*Calcarea.*—Valuable for scrofulous children; also in cases complicated with slimy or mucous Diarrhœa.

Accessory Treatment.—*Regularity in the times of feeding and sleep*; correction of any habits in the mother which may affect the child unfavourably; restriction to *suitable quantities* of food at one time. *Keeping the head cool* and the feet warm, washing the child daily in cold water, and allowing it to be much in the open air, tend to prevent determination of blood to the head. *Neave's Farinaceous Food,* prepared according to the directions supplied with it, is generally the best artificial diet for children. Purgatives are to be strictly avoided.[1] Costiveness in children is generally due to errors in diet; if obstinate, or if worms are present, injections of water may be used.

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## 138.—Toothache[2] (*Odontalgia*).

Causes.—Decay is the most common *predisposing* cause; sudden changes of temperature, derangements of the digestive organs, pregnancy, and general bad health, are the most frequent *exciting* causes. When the cavity of a tooth has been exposed by caries, the dental pulp is extremely liable to pain

[1] See *H. World,* v. ii. p. 183; v. iv. p. 223.

[2] V. ii. p. 176; v. iii. pp. 118, 136; v. vi. p. 127; v. viii. p. 171.

from contact with food, liquids, or atmospheric air; and if the health be much impaired, or the central pulp greatly irritated, acute Inflammation, with extreme pain, may result.

Neuralgic Toothache occurs in paroxysms, which come and go suddenly (see Section 89).

Treatment.—If *Kreasote, Laudanum*, etc., have been used as local applications, the mouth should be thoroughly cleansed before taking any of the following remedies. After three or four doses of any medicine have been administered without mitigating the symptoms, another should be selected.

Epitome of Treatment.—

1. *From cold or chill.*—Acon., Bell., Cham., Dulc., Merc., Glon.

2. *From decayed teeth.*—Kreas., Staph., Bell., Merc., Sil., Ant.-C., Phos., Nux V., Acon., Merc. Camph. is said to cure the pain and arrest decay.

3. *From Indigestion.*—Bry., Nux V., Puls., Merc.

4. *Nervous.*—Bell., Cham., Nux V., Coff., Ign., Ars.

5. *Rheumatic.*—Cham., Merc., Cimic., Bry.

6. *In children.*—Acon., Cham., Bell., Sil.

7. *In pregnancy.*—Bell., Nux, Coff., Cham., Sep., Kreas. (6x).

8. *Preventives.*—Ars., Kreas., Merc., Phos., Sil., Euphor.

Leading Indications.—

*Chamomilla.*—Toothache from a draught, or *suppressed perspiration*, and affecting the ear: the teeth feel long and loose; the cheeks and gums are swollen, but the skin is not very red; and the pains are aggravated by eating or drinking, especially by warm drinks. It is suited to *children during teething*, with watery, greenish, fœtid diarrhœa.

*Belladonna.*—Shooting, throbbing pains, affecting several teeth on one side, so that it is impossible to point out the exact tooth; the pains shift about, and are increased by contact of the teeth or by warm or cold applications; determination of blood to the head, *flushed face*, excessive *sensitive-*

*ness to external impressions*, swelling of the cheek or glands, dryness of the mouth and throat, Inflammation of the dental pulp.

*Mercurius.*—*Decayed* teeth ; violent scraping or lacerating pain in the cheek bones, or pains aggravated by eating or drinking, and also at night in bed; pains affecting the entire side of the face—extending to the temples, glands, and ears ; Toothache with *Salivation* (not caused by *Mercury*) ; *profuse perspirations* in bed, which do not afford relief.

*Glonoine.*—Pulsation in the teeth, with *Headache ;* Toothache after being over-heated and taking cold.

*Arsenicum.*—Unbearable jerking pains, coming on or aggravated at night. This remedy may be continued for some time after the cessation of pain, to prevent a recurrence.

*Arnica.*—Pain consequent on extraction or other dental operations ; the mouth should be rinsed with a mixture of one part of the strong tincture to about ten of water.

*Hepar Sulphur.*—Decay of teeth, and easily bleeding gums, from *Mercury*. *Carbo. Veg.* and *Ac.-Nit.* are also useful in similar conditions.

*Aconitum.*—Acute, stinging pain, or hard-aching, relieved temporarily by cold water ; there is throbbing, heat of the face, and sometimes chilliness, but not the mental confusion and sensitiveness to noise, light, etc., which indicate *Bell.* A drop or two of the strong tincture or of the first dilution, applied to the tooth by means of a piece of lint, will sometimes promptly relieve this kind of Toothache.

ADMINISTRATION.—Every fifteen or twenty minutes till the pain is mitigated ; afterwards every four or six hours.

The *Sulphurous Acid Spray*, or a plug of lint dipped in the *Acid* and inserted in the tooth, will often give immediate relief.[1]

The local application of the *galvanic current* often affords

[1] See *H. World*, v. viii. p. 277.

speedy relief. A mild current for two or three minutes generally suffices.

Stopping Carious Teeth.—If the caries be recent and slight, the decayed portions should be removed, and the cavity filled with a suitable material by a skilful dentist. If the patient be suffering from Toothache, the pain should be removed before stopping. When it is not practicable to have a tooth stopped by a professional dentist, its cavity should be cleaned and filled with white wax, which, by excluding the atmospheric air and the irritation of food, retards the progress of decay. But a better and more durable stopping for non-professionals, is the prepared *gutta-percha*, which, if carefully introduced, after thoroughly cleaning out the affected tooth, may preserve it for years. Dr. Ringer recommends a jelly made of equal parts of *Collodion* and *Carbolic Acid*, to be used as a "stopping" for hollow teeth.

Extraction of Teeth.—In a few cases the only remedy for Toothache is *extraction;* this is especially the case if the decay has proceeded so far as to blacken the tooth, rendering it loose and useless for mastication, prejudicial to neighbouring teeth, and a cause of offensive breath. On the other hand, probably in ninety-five cases out of a hundred, considerable experience justifies us in stating that the most distressing cases of Toothache are promptly cured by homœopathic remedies. Our advice therefore is—never extract a tooth merely because it aches, or has *begun* to decay. Skilful treatment is usually sufficient to remove the pain; and, subsequently, local and general measures may prevent a recurrence of the trouble.

Means of Preservation.—The function of the teeth is so important, that their preservation is a matter of the highest moment. The first teeth determine the nature of the second set, and persons suffer lamentably from early neglect. Proximate decay might be prevented, in five cases out of ten, by

simply passing a thread between an infant's teeth, twice a week, from the time of their eruption. Professional inspection should also be sought *before* symptoms of decay present themselves, and while there is still hope that the dentist may fulfil what should be regarded as his mission, that of saving the teeth. Cleanliness, with respect to the teeth, is all-important for infants and children, as well as adults. The teeth should be kept clean by rinsing the mouth with pure cold water, and brushing the teeth with a moderately *soft* brush every morning; and, if possible, after every meal, especially when animal food has been taken; and contact with all disorganising agents avoided. The idea that frequent brushing the teeth is liable to lacerate the gums and separate them from the teeth is erroneous, for it is one of the best methods of restoring them to a healthy condition when they are spongy and liable to bleed. But when a tendency to decay of the teeth or inflammatory action of the gums exists, a dilute solution of *Carbolic Acid*, *Myrrh*, or other dentifrice, should be regularly and continuously used. The habit of taking very hot substances into the mouth should be avoided, as the expansive power of heat may rupture the enamel, which in turn becomes the nucleus of decay. On the other hand, the habit of subjecting the teeth to the opposite extreme of temperature, as by sucking ice, etc., is also to be avoided. Chewing or smoking tobacco, and the habitual use of strong drinks, tend to destroy the teeth. Lastly, as an important means of preserving the teeth, the general health should be maintained in the highest state of integrity, by the use of plain, nourishing food, cold sponging or bathing, and early and regular habits.

## 139.—Gum-boil (*Abscessus Alveolaris*).

Definition.—A small Abscess commencing in the socket of a tooth, and bursting through the gum or even through the cheek.

Cause.—Usually, the irritation from a decayed tooth. A cold may excite Inflammation of the dental periosteum, the morbid products of which are thus discharged.

Symptoms.—Pain in a tooth, spreading over a portion of the jaw, with heat, throbbing, swelling, and the formation of an Abscess. This may heal by resolution; or it may burst into the mouth, or even percolate the cheek. The sufferings are sometimes great, worse at night, and incessant till swelling has taken place, when it usually abates. There is frequently some febrile disturbance.

Treatment.—*Mercurius.*—Constant aching, much Salivation, swelling of the gum, and throbbing. Persons who are liable to Gum-boils should continue the use of this remedy as a preventive twice a day for *a week or two.*

*Aconitum.*—In alternation with *Merc.* for *feverishness.* Prescribed early, *Acon.* often checks the disease at the onset.

*Belladonna.*—Throbbing Headache, flushed face, and *sensitiveness* to noise, light, etc. Two or three doses may suffice.

*Phosphorus.*—An excellent remedy for Decay of the teeth of the *lower jaw,* and when Gum-boils form therefrom.

*Hep.-S.*—When the swelling *softens and throbs* (signs that matter is forming); *Sil.,* when it has burst.

*Sulphur.*—Gum-boils only partially cured by the above remedies; also when they become *chronic.*

Accessory Treatment.—The application of a roasted fig, as hot as can be borne, to the inflamed gum, will speedily give relief. If the swelling be very extensive, and there are signs of the Abscess coming through the cheek, a poultice of linseed-meal should be applied till suppuration is established,

and continued for a short time afterwards. In some cases prompt relief may be obtained by lancing the swelling as soon as its existence is ascertained. Extraction of the decayed tooth is often necessary.

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## 140.—Glossitis (*Glossitis*)—Inflammation of the Tongue.

Symptoms.—Heat and pain in the tongue, which rapidly swells, sometimes to an enormous size, so as to hang out of the mouth; profuse Salivation; the patient may even be unable to eat, swallow, or speak; and suffocation seems imminent.

Causes.—Cold; wounds of the tongue; depreciated health; or, more frequently, mercurial Salivation.

Treatment.—*Acon.* and *Merc.* in alternation every hour, for non-mercurial Glossitis, till relief is obtained.[1] If the disease be due to large doses of Mercury, *Bell.* should be alternated with *Hep.-S.* *Ac.-Nit.* and *Carbo V.* are also useful. If there be much œdematous swelling, *Apis* should be selected.

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## 141.—Ulcer on the Tongue (*Ulcus Linguæ*).

Symptoms—Soreness, slight swelling, and redness of the tongue; small Ulcers form, and discharge pus.

Fissures or Cracks sometimes appear upon the side of the tongue, generally opposite the molar teeth, from Indigestion or the irritation of stumps.

Treatment.—*Mercurius Biniod.* (2x) is generally the best remedy, except for patients who have been overdosed with

[1] See *H. World*, v. ix. p. 145.

*Mercury.* In the latter case, *Ac.-Nit.*, both internally and as a gargle, should be prescribed. *Ars.* 6 has been found effective.[1] *Hydrastis* is also a valuable remedy; a low dilution may be taken, and the strong tincture used as a wash for the mouth (four or five drops to a wineglass of water). As a local remedy, dilute *Carbolic* or *Nitric Acid* is alone of great service (five drops to half a tumbler of water) for rinsing the mouth several times a day.

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## 142.—Sore Throat (*Dolor faucium*).

Definition.—Simple soreness or swelling of the throat, uncomplicated by Ulceration, Quinsy, or Syphilis.

Cause.—Catarrh; the Sore Throat being a simple extension of the catarrhal affection. This disease should not be neglected, as it is apt, in some persons, to degenerate into the troublesome form described in the next Section.

Treatment.—*Belladonna.*—Red throat, feeling as if scraped raw, with pain on swallowing.

*Mercurius.*—Sensation as of a lump in the throat, worse at night, sometimes accompanied by Salivation.

*Aconitum.*—Dryness, roughness, and heat in the throat, with a choking sensation, Hoarseness, and febrile disturbance. If given early, *Acon.* alone will prove rapidly curative in catarrhal Sore throat.

*Baryta Carb.*—If *Bell.* and *Merc.* are insufficient; and if the inflammation be *confined to the tonsils.*

*Dulc.*—If from a wetting, or from damp, foggy air.

Accessory Means.—Frequent draughts of cold water, and the application of the throat compress. Steaming the throat as directed under *Inhalation* (see Sec. 32) is soothing and

[1] See *H. World*, v. ix. p. 270.

often curative, but it should be done at bed-time, when the patient has not again to be exposed to external air. (See also the two following Sections.)

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## 143.—Relaxed Throat (*Resolutio Faucium*); Ulcerated Throat (*Fauces Ulcerosæ*); *and* Pharyngitis (*Pharyngitis*)—Clergyman's Sore Throat.[1]

The affections designated by the above names, being of a similar nature, and requiring similar treatment, are included in this Section.

Pathology.—In the incipient stage, there is irritation of the lining membrane of the fauces and pharnyx; afterwards Congestion, Inflammation, or relaxation of that membrane, enlargement of the tonsils, elongation of the uvula; and in its advanced stage, morbid deposit and Ulceration of the mucous follicles.

Symptoms.—The patient first complains of an uneasy sensation in the upper part of the throat, with a frequent disposition to swallow, as if something existed there which could thus be removed. If proper treatment be not adopted, the voice soon undergoes a change; it becomes feeble and hoarse, and sometimes, especially towards the evening, there is complete loss of voice. The patient complains of pain in the larynx, and makes frequent efforts to clear the throat of phlegm by coughing and spitting. On looking into the throat the parts are found to have an unhealthy appearance, being raw and granular, and the mucous follicles filled with a yellowish substance; a viscid muco-purulent secretion may also be seen adhering to the palate and adjacent parts.

Causes.—This condition is probably most often induced by the exercise of the organ of voice when in an inflamed state.

[1] See *H. World*, v. iv. pp. 127, 146, 188.

An extension of the affection is almost certain to result from exercising the voice during an attack of Sore throat or Hoarseness, as the muscles of the larynx lose their nutrition through extension of the morbid materials from the inflamed mucous membrane. The disease may also result from an immoderate or irregular exercise of the voice, or it may flollow inflammatory disease of the bronchial tubes or lungs, by much exercise of the voice before recovery has taken place. It is also occasioned by an unnatural style or tone of reading or speaking, as with preachers and military officers.

EPITOME OF TREATMENT.—

1. *For the incipient and acute stages.*—Acon., Bell., Merc.

2. *For the chronic form.*—Bell., Merc.-Iod., Calc.-Phos., K.-Bich., Arg.-Nit., Carbo V., Lach., Phyto.

3. *Clergyman's Sore Throat.*—Phyto.,[1] Merc.-Iod., Arum, Arn.[2] (*after exercise of the voice*); Bell. (*Inflammation of the throat*).

4. *Occasional Remedies.*—Apis (*much œdema*); Ars. (*emaciated constitution*); Phos. (*consumptive tendency*); Sulph. (*as an intercurrent*); Arum (*Inflammation of tonsils*).

LEADING INDICATIONS.—

*Belladonna.*—Besides the symptoms mentioned in the previous Section, *Bell.* is well adapted to Ulcerated throat with bright redness, and *much pain* on swallowing.

*Mercurius Iod.*—Less pain than for *Bell.*, and chronic cases in scrofulous constitutions. See *Merc.-Biniod.*, p. 457.

*Calc.-Phos.*—In relaxed Sore throat this remedy is often used successfully, after others have been fruitlessly employed.

*Kali.-Bich.*—Accumulation of tough, stringy phlegm, requiring considerable effort to eject. Chronic Ulceration.

*Argentum Nitricum.*—Ulcerated throat of a low type, with fœtid breath and foul mucus, and in cachectic patients. A weak solution of the drug may be used as a gargle.

[1] See *H. World*, v. ii. p. 89. [2] V. vii. p. 7.

*Carbo Veg.*—Similar conditions, with *Hoarseness*.

*Lachesis.*—Constant irritation in the throat, inducing much hawking, and a choking sensation; there is painful aching, but no deep-seated disorganisation, the affection being more of a nervous character.

*Hepar Sulph.*—In scrofulous constitutions not requiring *Merc.-Iod.* Also when the disease is consequent on the abuse of *Mercury*. *Ac.-Nit.* is also useful in this condition.

*Gargle.*—To correct the foul breath sometimes existing, a gargle of *Condy's Fluid*, or of *Perfumed Carbolic Acid*, should be used. *Ac.-Acet. dil. cum melle* is a useful gargle. Inhalation may often be effectively resorted to.

The mineral waters of Ems are frequently useful in Pharyngitis.

Accessory and Preventive Means.—1st. *Perfect Rest.*—The most important is to exercise a sore or inflamed organ as little as possible. The treatment of an inflamed larynx, like that of an inflamed joint, should include a state of almost complete rest. As a preventive remedy in the case of clergymen, we would strongly urge the general adoption of Monday as a day of out-door recreation and cessation from all work, and thus compensate for the great mental and physical expenditure involved in the discharge of the duties of the earnest minister of the gospel on the Sunday.

2nd. *The Throat Compress* (see Sec. 28).—When this is applied, the patient should retire, and he will generally have the satisfaction of finding his throat-difficulty much relieved in the morning. In more obstinate cases, the compress should be worn in the day-time, re-wetting it as often as necessary. When discontinued, the throat and chest should be bathed with cold water, followed by drying and friction. However often repeated, the compress never relaxes the throat.

3rd. *Cultivation of the Beard.*—The beard and moustache

should be permitted to grow, as they afford an excellent protection to the throat, especially in the case of barristers, clergymen, public singers, and others subjected to the undue or irregular exercise of the organ of voice.

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### 144.—Quinsy (*Cynanche tonsillaris*).

Definition.—Acute inflammation of the tonsil or tonsils and subjacent mucous membrane, with general fever.

Symptoms.—It comes on quickly, with rapid swelling of one or both tonsils, severe throbbing pain, hoarseness, and difficult swallowing and expectoration, occasioning a painful and almost constant effort to bring up and detach the viscid mucus which adheres to the inflamed surface; Headache; pain in the back and limbs; foul tongue; offensive breath; and general febrile symptoms. The morbid action generally extends to the *uvula*, which, becoming swollen and elongated, rests on the base of the tongue, and gives rise to an unpleasant sense of titillation. If the disease be promptly and skilfully met, the inflammatory symptoms subside in a few days, leaving the tonsils enlarged; otherwise suppuration ensues, indicated by rigors, and throbbing, darting pains in the throat, extending to the ears. When the Abscess is fully mature, it ruptures, to the immediate relief of the patient. Often the Abscess forms in one tonsil, and after its discharge another forms in the other.

Chronic Enlargement of the Tonsils.—Repeated attacks of acute Inflammation, or attacks only partially cured, are followed by chronic enlargement and induration, causing difficult swallowing, hoarse voice, noisy and laborious breathing, especially during sleep, affections of the ears, arising from an extension of the disease along the mucous membrane,

and extreme liability, from slight causes, to a frequent recurrence of acute Inflammation.

Causes.—The *predisposing* are—scrofulous constitution, abuse of *Mercury*, disorders of the digestive organs, and previous attacks of Quinsy. The *exciting* are—atmospheric changes, wet feet, etc. Quinsy is most frequent in plethoric persons, between fourteen and twenty, and for several years is liable to recur unless preventive means are adopted.

Dangers.—Extension of the Inflammation to the uvula, soft palate, the salivary glands, pharynx, and particularly to *the root of the tongue*, with difficult breathing, etc. But early and skilful treatment usually prevents such complications.

Treatment.—*Aconitum*.—Feverishness, Headache, dizziness, and restlessness; stinging, pricking, fulness or even choking, the throat looking as if scorched.

*Belladonna*.[1]—Bright redness and rawness of the affected parts; flushed face, glistening of the eye, Headache, and pain and difficulty in swallowing. *Bell.* may follow, or be alternated with, *Acon.*

*Mercurius Biniod.*—Swollen throat; copious accumulation of saliva; swelling of the gums and of the tongue; shooting pain on swallowing; a disagreeable taste; fœtid breath; Ulcers on the sides of the mouth; pains from the throat extending to the ear. Profuse perspiration, and nightly exacerbations, also point to *Merc.-Biniod.*

*Baryta Carb.*[2]—If given early, before suppuration can supervene, this remedy is said to disperse the engorgement; it is also useful in chronic Tonsillitis.

*Hepar Sulph.*[3]—*When matter has formed.* It is especially useful in the scrofulous, in constitutions injured by *Mercury*, and when a liability to the disease has become established. In our experience, it is more rapidly curative than any other remedy.

[1] See *H. World*, v. vii. p. 224. [2] V. viii. p. 266. [3] V. ix. p.

*Lachesis.*[1]—Where the left tonsil is affected, and the mucous membrane is of a livid colour.

*Arsenicum.*—Severe attacks, with much general *prostration*, the tonsils becoming putrid or gangrenous.

*Calc.-Phos.*, and *Iod.*, are also useful remedies

*Nux Vomica* or *Pulsatilla*, when *gastric* derangements cause, or are associated with, Quinsy.

ADMINISTRATION.—In acute cases, a dose every one or two hours; in sub-acute, every three or four hours; during convalescence, every six or twelve hours.

See also previous two Sections.

ACCESSORY MEANS.—The constant *sucking of ice* during the commencement of an acute attack, moderates the heat and pain; it also checks the secretion of mucus, which gives rise to disagreeable and painful efforts to detach. In severe cases ice may be employed in this manner till the disease has abated. (See Sec. 25.) When ice is not procurable, or when it is not admissible, as when it has been adopted early in the disease, the next most effectual local application is the *steam of hot water*, and equally so whether the object be to bring about resolution or to facilitate the suppurative process. Steaming the throat assiduously acts as a fomentation, and removes the mucus from the crypts and follicles of the tonsils. See Section on "Inhalation."

In some cases a warm milk-and-water gargle, frequently used, will be found useful and soothing. Further, in severe attacks, a hot poultice should be applied across the throat, extending nearly to each ear; in mild attacks, the throat-compress (See Sec. 28) may be used. The patient should remain indoors, and in bad cases in bed. The air of the patient's apartment should be maintained at a temperature of about 65° or 70°, and be kept *moist* by the evaporation of hot water from shallow dishes near the bed, but proper ventilation should also be preserved.

[1] See *H. World*, v. vii. p. 78.

In *chronic enlargement of the tonsils*, the application of dilute tincture of *Iodine*, as a paint, is very useful.

Preventive Treatment.—Freely bathing the neck, jaws, etc., and gargling the mouth and throat every morning with cold water. After exposure to cold, especially if symptoms of Sore throat come on, the compress should be at once applied.

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## 145.—Gastritis (*Inflammatio ventriculi*)—Inflammation of the Stomach.

Acute Inflammation of the stomach, except as a result of poisoning by some irritant, is a rare disease.

Symptoms.—Burning pain, increased by pressure; persistent thirst for cold drinks, with inability to retain either food or drink; constant nausea, coated tongue, and foul taste; dyspnœa; faintness, prostration, anxiety, etc.

Chronic Gastritis is indicated by dull pain and oppression soon after a meal, and sometimes vomiting of acid or mucus. The tongue is coated or red at the edges, and the patient often complains of heartburn, flatulence, thirst, burning of the hands or feet, confined bowels, and high-coloured urine depositing lithates, lithic acid, or oxalate of lime. It usually accompanies affections of the liver, heart, and kidneys, and is frequent in drunkards.

Causes.—Indigestion; cold draughts, damp, wet, etc.; cold drinks when over-heated; mechanical injuries; poisons—arsenic, vegetable acids, caustic alkalies, etc.

Epitome of Treatment.—

Acon. (*usually sufficient in simple Gastritis from cold*); Ars. (*burning; agonising distress; unquenchable thirst; wiry, quick pulse*); Ant.-C. (*thickly-coated tongue, nausea, eructations with taste of food*); Merc., Bry., Phos., or Ars. (*chronic cases*).

Accessory Treatment.—In *acute* cases, small pieces of ice may be swallowed, and during the severity of the symptoms the patient should be fed by nutritious enemata. Fomentations to the stomach give much relief. During convalescence the patient must only gradually return to solid kinds of food. On recovery, the stomach remains for some time feeble, and without due care is liable to atonic Dyspepsia.

In *chronic* Gastritis, the most important points are—attention to diet and general habits as recommended in the section on "Dyspepsia." Cold water, the substitution of chocolate or cocoa for tea or coffee for the morning or evening meal, and a spare wholesome diet, are valuable adjuncts to the treatment.

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## 146.—Chronic Ulcer of the Stomach (*Ulcus longum ventriculi*).

This disease is more common than is generally supposed, owing to its non-acute character, its giving rise to some of the symptoms of chronic dyspepsia, and its tendency, in about fifty per cent. of cases, to disappear spontaneously. It occurs twice amongst women for once in men, chiefly during adult life, and is more frequent in the poor than the rich. There may be one, two, or more Ulcers in the same stomach.

Symptoms.—They are often not very clear; but there is generally pain, or a severe wearing or burning sensation, over the middle of the back, and in the stomach, the latter felt just below the breast-bone, of a dull, sickening character, and worse after food. If the Ulcer is on the anterior surface of the stomach, lying on the back relieves the pain; if on the posterior surface, leaning over a chair affords relief.

Sometimes there are violent pulsations accompanying the pain, or Pyrosis, or vomiting of food, with relief to the pain; the patient loses flesh; the pulse is feeble; the bowels usually constipated; and, in women, the monthly period is deranged.

Dangers.—The dangers to be apprehended are—*perforation*, when the contents of the stomach escape into the abdominal cavity, setting up *Peritonitis; Hæmorrhage*, which occurs in about four per cent. of cases, generally soon after a full meal; and *exhaustion*, consequent on want of nourishment from defective digestion. When Ulcer of the stomach is suspected, the patient should always be under the care of a physician.

Treatment.—*Ars.*,[1] *K.-Bich.*, *Kreas.*, *Atrop.*, *Titan.*, or *Hydras.*, are the chief remedies. For *Hæmorrhage* see next Section.

Accessory Means.—Ice should be repeatedly swallowed in small pieces; it allays the sickness and pain so often experienced; it also checks bleeding when it occurs. The diet should be simple and digestible: milk-and-soda-water, farinaceous food, arrowroot, and beef-tea. In bad cases, complete rest for the stomach for some time, giving nutriment by enemata, is necessary.

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## 147.—Hæmatemesis—Vomiting of Blood.

Symptoms.—Hæmatemesis is usually preceded by nausea, distress or pain of the stomach, or Indigestion; a feeble pulse, pallor, sighing, and other signs of faintness.

The following table will enable the reader to determine

[1] See *H. World*, v. viii. p. 138.

whether the discharge of blood is from the lungs or stomach.

| FROM THE STOMACH. | FROM THE LUNGS. |
|---|---|
| 1.—In Hæmatemesis the blood is of a *dark* colour. | 1.—In Hæmoptysis the blood is of a *bright-red* colour. |
| 2.—The blood is *vomited.* | 2.—The blood is generally *coughed* up. |
| 3.—The blood is often mixed with *food,* and is *not* frothy. | 3.—The blood is generally *frothy* and mixed with *sputa.* |
| 4.—Is preceded by nausea and *stomach* distress. | 4.—Is often preceded by pain in the *chest* and dyspnœa. |
| 5.—Blood is generally passed *with the evacuations* from the bowels. | 5.—Blood is not found in the *stools.* |

TREATMENT.—*Aconitum.*—Hæmorrhage with flushed face, Palpitation and anguish; also for the premonitory symptoms—shiverings, quick pulse, etc.

*Hamamelis.*—*Venous* Hæmorrhage, from any organ; also when the *state of the vessels* leads to the Hæmorrhage rather than any change in the normal blood constituents. We have so often used this remedy successfully that we now employ it more frequently than any other for Hæmorrhage.

*Ipecacuanha.*—*Bright-red* blood, with paleness of the face; *nausea;* frequent, short Cough; salt taste, blood-streaked expectoration. Often useful after, or in alternation with, *Acon.*

*China.*—*Debility* consequent on Hæmorrhage,—feeble pulse, cold hands or feet, fainting, etc.

*Arsenicum.*—*Difficult breathing,* extreme Palpitation, anguish, *burning heat,* thirst, small and quick pulse, etc.

*Ferrum.*—Spitting or coughing up of blood, with Palpitation, *faintness,* etc.

*Arnica.*—Hæmorrhage from an *accident,* or severe exertion.

*Vicarious Hæmorrhage.*—In vicarious Hæmorrhage, as in females when bleeding from the nose or stomach takes the place of the *menstrual* discharge, the treatment should be directed to restoring the normal monthly function.

Accessory Measures.—Calmness and judgment should be exercised, or the discharge of blood may cause alarm to the patient and his friends, and unfit them for carrying out the measures necessary for the safety or even life of the sufferer. The patient should immediately lie down on a sofa or mattress, with the head and shoulders elevated: all tight-fitting clothes should be removed or loosened, quiet maintained, and no talking, crowding, noise, or confusion permitted; at the same time the room should be kept cool and airy—at about 55° Fahr. Ice is a most useful agent for arresting Hæmatemesis, and it should be *swallowed* in small, oft-repeated pieces; it then comes in more immediate contact with, and tends to constrict, the bleeding vessels.

It is also important in Hæmorrhage from the stomach, that the organ should have perfect *rest.* As long as any tendency to Hæmorrhage continues, the patient should remain in bed, and take nothing by the mouth except sips of *iced-water.* Food, beef-tea, etc., should be introduced by the rectum.

Should faintness occur, no alarm need be excited, because it is often nature's method of arresting the bleeding. After the Hæmorrhage, the patient must still be kept cool and quiet, and the diet be light and unstimulating, while the posture of the body should be such as to favour the return of blood from the bleeding organs. Should the faintness persist, iced champagne is often an excellent restorative, and is not likely to induce vomiting.

## 148.—Dyspepsia (*Dyspepsia*)—Indigestion.

Physiology of Digestion.—Animal life has been compared to a fire; for just as fire requires fuel for its consumption, so life requires food for its sustenance. Like fire, too, the processes of life are attended with the production of a certain amount of heat. The body, moreover, is in a condition of perpetual change, consequent on its various functions, and the wear-and-tear of life. This change continues even when a person lies at rest, for the heart continues to beat, respiration goes on, the blood circulates, the brain is in action, and numerous other functions uninterruptedly continue, from which there results a waste which must be repaired. Under ordinary circumstances, however, when both the mind and body are actively employed, the waste of human tissue is much more rapid, and a large amount of new material is required for its reparation. A man weighing from ten to twelve stone, loses, in twenty-four hours, three to four pounds of matter in the performance of the various duties of life. Now the matter thus expended is replenished by *Digestion*, *Respiration*, and *Circulation*. The organs of digestion receive the food, and change it into a milky fluid, the *chyle*, which, being conveyed with the venous blood into the right side of the heart, is propelled by the contraction of that organ into the lungs; here it is intimately exposed to the atmospheric air, and is thereby converted into bright arterial blood. It is now received into the left side of the heart, and is diffused thence through the general circulation, and, by means of the capillaries, it enters into the various tissues of which the body is composed. Another result of the functional activity of the body is, that it is maintained at a certain temperature. If a thermometer be placed under the tongue, the temperature will be found to be 98° Fahr., which is greater than that of the atmosphere; this heightened

temperature being the result of the combustion of food and effete matter in the system. The function of digestion, then, first repairs the waste of the body; and, secondly, maintains it at a proper temperature.

Definition.—Indigestion is a deviation from the healthy function just described, and is one of the most common affections the physician has to treat.

Symptoms.—These vary greatly, both in character and in intensity, but there is commonly one or more of the following:— Impaired appetite; flatulence; nausea, and eructations which often bring up bitter or acid fluids; furred tongue, often flabby, large or indented at the sides; foul taste or breath; heartburn; pain, sensation of weight, and inconvenience or fulness after a meal; irregular action of the bowels; headache; diminished mental energy and alertness; dejection of spirits; palpitation of the heart or great vessels; and various affections in other organs. Disturbances in remote parts may be due to *reflex action*; or to the effects of distention of the stomach, which, encroaching on the space occupied by the lungs, heart, or other organs, impede their healthy action.

Occasionally, one or two symptoms are so prominent as to exclusively concentrate the patient's attention, who regards them as diseases *per se*. *Loss of appetite, flatulence*, etc., are examples of the most commonly prominent symptoms.

Loss of Appetite (*Anorexia*).—The natural requirements of the body might be neglected but for certain sensations—hunger and thirst—which, no doubt, depend upon some peculiar condition of the nerves. The receipt of alarming or startling intelligence often arrests, in an instant, the keenest appetite. Hunger is much influenced by habit, and returns with great regularity when meals are taken at a uniform hour. Many substances which are non-nutritious destroy or lower the susceptibility of the nervous filaments of the

stomach, and thus blunt the natural sensations of hunger; such, especially, are tobacco, opium, and ardent spirits. *Too little out-of-door exercise, irregularity of meals, eating between meals,* and *late hours,* are some of the most frequent causes.

Loss of appetite during acute disease or a weakened state of the system, should be respected; for thrusting food into the stomach in spite of its dictates, will generally give rise to more serious symptoms.

Sometimes instead of loss of appetite there is *voracious* or *depraved* appetite; these symptoms are usually associated with Chlorosis, nervous irritation from worms, etc.; they can only be removed by correcting the condition on which they depend.

Flatulence (*Inflatio*).—This is frequently a prominent and persistent symptom, and is caused by defective nerve-force, or general debility; food may be detained in the stomach, and undergo fermentation, owing to imperfection or arrest of the vital and chemical processes characteristic of health. At other times flatulence is apparently generated by the mucous membrane of the intestinal canal; for the symptoms are very apt to arise in dyspeptic persons when a meal is delayed beyond the accustomed hour, or when the stomach is empty. Flatulence is often associated with faintness, nausea, palpitation, and other disagreeable sensations.

Heartburn (*Cardialgia mordens*).—An acrid or scalding sensation, commencing in the stomach and rising up the throat to the mouth, generally from excess of animal food, and is especially liable to occur in gouty constitutions. *Hiccough* (*singultus*) is a common accompaniment of Heartburn, and consists of brief Spasms of the œsophagus. In infants it is easily removed by administering a small quantity of milk or water.

Nightmare (*Incubus*).—In this condition the patient experiences confused and frightful dreams, with a sense of

weight or pressure impeding breathing and producing great anguish; or he fancies himself in imminent danger or difficulty, from which he vainly strives to extricate himself, until at length he succeeds in uttering a cry, or moving, when the distressing condition terminates. It is *caused* by disorder of the digestive organs, and most frequently follows a late, especially a heavy supper. It may also be induced by fatigue, or an uneasy posture in bed, or in children, by enlarged tonsils (see Section on "Quinsy"); sometimes the cause is very obscure, and requires professional examination and treatment.

Causes of Indigestion.—Irregularities in diet, such as indulgence in the luxuries of the table, partaking of rich, highly-seasoned, heavy, fat, sour, or bad food; *eating too quickly; imperfect mastication of food; eating too frequently*, or, on the other hand, too long abstinence from food; the use of warm and relaxing drinks, green tea, coffee, tobacco, wine, and alcoholic beverages; too little out-of-door exercise; excessive bodily or mental exertion; late hours; exposure to cold and damp, etc. Business and family anxieties are frequent causes of Dyspepsia, and their operation is very general and extended, implicating not only the mucous coats of the stomach, but the liver, the bowels, and often the whole nervous system. "The battle of life" is too often fought, not only with much wear and tear, but with almost overwhelming anxieties and disappointments; and the digestive organs are often the first to suffer from depression of the mind. In this respect, the cause is often put for the effect, the common remark being that depression of spirits accompanies Indigestion; but it is more true to say, that Indigestion accompanies depressed spirits. When the mind is depressed by disappointment or anxiety, there is a corresponding depression of the nervous energies, and so the stomach, in common with other organs, loses vital energy.

Hence in the *treatment* of Dyspepsia, the use of medicines and the observance of hygienic rules and habits must ever go hand in hand; for the former, however correctly prescribed, will, alone, be unavailing.

Epitome of Treatment.—

1. *Acute Dyspepsia.*—Nux V., Bism. (*severe pain towards night; Spasm*); Puls. (*from rich or fatty food*); Iris (*vomiting and Diarrhœa with headache*); Ars., Coloc. (*from sour fruits or vegetables*); Bry.

2. *Chronic.*—Nux V., Puls., Hep.-S., Bry., Carbo V., Calc.-C., Sulph., Lyc., Ant.-C., K.-Bich., Merc., Arn.

3. *From mental causes.*—Nux V. (*business anxiety*); Ign. (*grief*); Acon., China, or Nux V. (*night-watching*, etc.).

4. *Debilitating losses.—Diarrhœa, Hæmorrhage, Suppuration*, etc.—China, Ac.-Phos., Phos., Ferrum.

5. *From cold.*—Acon., Ars., Merc.

6. *Special Symptoms.—Loss of appetite*—Calc.-C., Ferr., or China; *Depraved appetite*—China or Cin.; *Flatulence*—Lyc. (*with Constipation*), Carbo V. (*with Diarrhœa*); *Heartburn*—Puls., Caps., or Nux V.; *Hiccough*—Nux V., Caul., Gels., Ars., Ac.-Sulphˢ. (*with Acidity*); *Water-brash*—Bry., Lyc., Nux V.; *Chronic Acidity*—Calc.-C., Rob.,[1] Ac.-Sulphˢ., Phos.; *Nightmare*—Nux V. (*from Indigestion or abuse of spirits*), China (*with oppression*), Sulph. (*with Palpitation*).

Leading Indications.—

*Nux Vomica*—Pain, tenderness, and fulness of the stomach after meals; Heartburn; sour acid risings; flatulence; frequent vomiting of food and bile; sour or bitter taste; the *head is confused, aches early in the morning*, the patient feels indolent and sleepy after a meal, and unfitted for any exertion; there are a sallow, yellowish complexion; and an *irregular action of the bowels*, with ineffectual urging. *Nux Vom.* is particularly indicated in persons of dark, bilious

[1] See *H. World*, v. v. p. 156.

complexion, who employ their brains too much, but take too little open-air exercise, eat largely, and drink alcoholic liquors. A tendency to Piles is a further indication for *Nux V.* and also for *Sulph.*, which may advantageously follow it.

*Pulsatilla.*—Indigestion from fatty food or pastry, with much secretion of mucus; *Heartburn;* acid, bitter, or putrid taste; frequent *loose evacuations.* It is specially suited to females with deranged period, and to persons of a mild disposition.

*Bryonia.*[1]—Pressure or weight, as of a stone, after food; frequent *bitter or acrid eructations;* nausea, or bilious vomiting; *stitch-like pain,* from the stomach to the blade-bones; painful soreness at the pit of the stomach on coughing or taking a deep breath; Constipation; severe Headache, worse after movement; obstinate, irritable disposition.

*Lycopodium.*—Atonic dyspepsia of weakly patients, delayed digestion from deficient glandular secretion and muscular energy; too little nervous force to spare for digestion, so that during its process an irresistible drowsiness comes on, and the sleeper awakes exhausted; also when, from like causes, flatulence collects in abundance, and the bowels are utterly torpid (*Hughes*).

*Antimonium Crudum.*—Aversion to food, or loss of appetite; sensation as if the stomach were overloaded; *eructations,* tasting of the food; nausea, or vomiting of mucus and bile; escape of flatulence, with an early reproduction of the symptoms; alternate Diarrhœa and constipation; *pimply eruptions* on the face, or sores on the lips or nostrils.

*Hepar Sulphuris.*—*Chronic* Indigestion; nearly all kinds of food disagree; craving for stimulants; also if *Mercury* has been too freely prescribed.

*Sulphur.*—Cases of long standing, when only partial relief has followed the use of other remedies; and as an intercur-

[1] See *H. World,* v. viii. p. 139.

rent remedy. It is particularly required in *strumous constitutions*, and for Indigestion associated with or following acute or chronic *eruptions*, *Piles*, *Constipation*, irritability, glandular swellings, affection of the eyes, or other scrofulous disorders.

*Carbo Veg.*—Chronic indigestion, with *flatulence*, heartburn, headache, debility, etc. Very useful in the aged.

*Calc.-Carb.*—Defective digestion and assimilation, with *obstinate acrid eructations;* relaxed bowels; sensitiveness to cold and damp; fatigue after slight exertion; Cough; gradual emaciation; and, in females, too frequent and profuse menstruation. (Follows *Puls.* well in chronic cases.)

Accessory Measures.—The following points in the treatment and prevention of indigestion should, as far as possible, be adopted.

1st. *Mastication.*—The reduction of food to a state of minute division in the mouth is a most essential step towards easy and perfect digestion. Digestion really means solution; and as solid substances, intended by the chemist for solution, are first reduced in the laboratory by the pestle and mortar, so must the teeth perform a precisely similar process with the food. Not a particle capable of being further reduced by the teeth should be admitted into the stomach, as the work of the former can never be fully performed by the latter. A stomach, especially a weak stomach, acts tardily and imperfectly upon food introduced in an incomplete state of comminution. Further, food requires to be well masticated, that it may be duly *mixed with saliva.* In front of the ear we have the parotid gland; beneath the jaw, at the sides, the submaxillary; and under the chin, the sublingual; all these secrete saliva, which pours into the mouth through minute openings during mastication. This salivary secretion is not only intended to moisten and lubricate the food, but is a most essential chemical aid in digestion, such as no other liquid can supply. The action of the saliva is especially

necessary for the digestion of vegetable food; for it is only by means of this fluid that such articles of diet as potatoes, bread, rice, etc., are rendered at all capable of absorption. We therefore warn the busy, the studious, the solitary, or, on the other hand, those persons who talk too much during meal-time, of the danger of neglecting the perfect mastication of their food. *The loss of teeth* is a frequent cause of Indigestion, but now, happily, generally remediable; for when the natural teeth are lost, the skill of the dentist supplies us with useful substitutes.

2nd. *Overloading the Stomach.*—Too large a quantity of food interferes with digestion in two ways. (1) By so distending the stomach as to interfere with those movements which it undergoes during the process, and impairing its subsequent necessary contraction. (2) The secretion of gastric fluid is probably of a uniform quantity; therefore an inordinate amount of food would fail to be duly saturated with this indispensable fluid. The normal limits of the stomach are always exceeded when food has been taken in such a quantity as to produce an uneasy sense of distention. After a long abstinence from food, as in the case of persons who dine late and take too little lunch, there is great danger of eating too much, unless the meal be taken slowly, or finished before the sensations of hunger are completely appeased. The same danger is likely to arise from too many dishes, or too stimulating articles of food; a morbid craving is thus excited long after the natural appetite would have been satisfied.

3rd. *Suitable Food.*—As a rule, animal food is easier of digestion than vegetable, and it is well known that a weak stomach is much more liable to flatulence, and other symptoms of indigestion, after vegetable food than after animal. Indeed, the teeth of man partake of an intermediate character, as he is no doubt intended to subsist both on animal

and vegetable food; so that a due admixture of both is probably more easily digested than a more or less exclusive use of either. It is important to remember that *starch* is not a nitrogenous or flesh-forming substance. Foods, therefore, the chief constituent of which is starch, as potatoes, rice, sago, etc., should be eaten only as *additions* to food containing a large amount of nitrogenous materials. As Dr. Chambers tersely remarks, "to make a person *omnivorous* you must first make him *carnivorous*." Further, it is especially necessary that the dyspeptic should select *tender* and perfectly fresh animal food, and have it *cooked* so as to retain all its natural juices. Hard, dried, cured meats—ham, tongue, sausages, and the like—are especially to be avoided. In the same category we may place veal, pork, twice-cooked meats, salmon, lobsters, crabs, salads, cucumbers, raw vegetables, cheese, new-baked bread, coffee, and all other substances known to disagree with the patient. The last remark is important; for if pain or discomfort follow any kind of food or drink, it should be regarded as a warning to avoid it afterwards.

4th. *Beverages.*—As a general rule, patients who suffer from indigestion are better without malt liquors, wines, or spirits; a high standard of health being often best maintained altogether apart from the use of alcohol. Perhaps certain patients suffering from acute Indigestion, or others in whom the powers of life are much enfeebled, may be benefited by a *moderate* and *temporary* use of stimulants. But if the use of these liquors be followed by excitement, flushing of the face, or any other inconvenience, they should at once be given up. Even when their use is at first attended by apparent benefit, *they should be discontinued when the circumstances which required them no longer exist;* for in our practice we have found that the most severe and obstinate forms of Indigestion occur as the result of the excessive use of alcoholic

beverages. In addition to cocoa (*from the nibs*),[1] or tea, for the morning and evening meals, the moderate use of *pure water* is almost the only fluid required. This liquid, so often despised, and even regarded by many as prejudicial, is one of the most potent means for preventing or curing Dyspepsia. Water, however, should only be taken in moderation. Two or three glasses a day is enough for most persons. It is best to avoid drinking cold water at meals, except very sparingly; not, as is generally supposed, because it dilutes the salivary or the gastric secretion, but because it reduces the temperature of the stomach, and checks its action.

5th. *Disposition in which to eat.*[2]—A cheerful and tranquil frame of mind, especially during meals, is a most essential point in the treatment and cure of Indigestion. Cheerful conversation and ease of mind favour digestion by increasing the secretion of gastric juice. The aliment received under pleasurable circumstances may be expected to furnish in abundance, and in the highest state of perfection, the secretions necessary for good digestion.

6th. *General Habits.*—Mental or bodily occupations should not be resumed immediately after a full meal; nor should

[1] To produce from cocoa-nibs one of the most wholesome and nutritious of beverages, the following method is recommended. For two persons, take a small teacupful of the best nibs, and soak in one quart of water overnight; next morning boil briskly for two hours, then strain off, and use directly, with boiling milk. I strongly recommend it not to be re-warmed, as it loses its flavour, just as tea does when warmed up again. The writer has used the cocoa-nibs for upwards of fifteen years, and she finds the best way of boiling is in a small block-tin three-pint wine-muller, over a small gas-stove; or better still, the new French milk saucepan, which consists of white ware fitted into an outside tin-casing. The cocoa-nibs, already soaked, as previously directed, should be put with a proper quantity of water into the white ware, the outside vessel being also filled with water, and boiled for two hours. The stewing process so generally adopted, imparts to the beverage a flat, disagreeable, and woody taste."—From *H. World*, v. viii. p. 297.

[2] See *H. World*, v. iii. p. 174.

food be taken without a few minutes' pause after exhaustive fatigue. Violent muscular exertions arrest digestion by engaging the nervous energies in other directions. The weary man, whether weary from the sweat of the brow or the sweat of the brain, should rest before he eats; and if the cause of fatigue has been in operation till the time of rest approaches, solid food might then be productive of the most serious results. Under such circumstances, if nourishment be deemed necessary, it should be limited in quantity and of the lightest kind, as a cup of beef-tea, cocoa, or chocolate, or the yolk-of-an-egg well beaten up with milk. We particularly recommend the *General Plan of Dietary* sketched in the introductory chapter for general adoption. *Regularity* in the habits of life, such as in taking food, sleep, exercise, etc., is an important condition in the prevention of Dyspepsia. Feather beds, and too much sleep, should be avoided; the patient should retire and rise early, bathe or sponge the body every morning with cold water, and take moderate open-air exercise daily. An occasional *change of air* and scenery exercises a wonderful influence in removing or preventing an attack of Indigestion, divesting the mind of its ordinary train of thought, business and family anxieties, or gloomy pondering over personal ailments. Fortunately, our railway system is now so perfect and widespread, and withal so economical, that few, by the exercise of a little foresight, need be deprived of so potent an aid to good health.

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## 149.—Gastrodynia (*Gastrodynia*)—Pain or Spasms in the Stomach.

Pain in the stomach may be spasmodic or neuralgic. The latter has been already treated of in Section 89.

Symptoms.—Severe pinching, gnawing, or contractive pains in the stomach, generally occurring after taking food.

Causes.—Highly-seasoned or indigestible food; stimulants, coffee, and tobacco; long fasting; exposure to cold or damp; etc. Gastrodynia is usually but a symptom of Indigestion.

Treatment.—Nux V. (*severe Spasm*); Bry. (*in rheumatic patients*); Arn. (*soreness*); Bism. (*dull, pressing pain, with frontal headache*); Ferr. (*Anæmia or Chlorosis*); Ars.[1] (*pain and vomiting after food; periodic*).

Accessory Treatment.—In severe cases two or three folds of flannel, wrung out of hot water, and applied as hot as can be borne: in mild cases, warmed dry flannels. Attention to the "Accessory Measures" suggested in the previous Section is often alone sufficient to cure Gastrodynia.

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## 150.—Vertigo (*Giddiness*).

In a mild form, Giddiness is generally the result of Dyspepsia, or nervous exhaustion. When Vertigo is severe and recurs, it often points to disease of the brain, heart, or kidneys. Vertigo generally exists in structural changes of the brain.

Epitome of Treatment.—

Nux V., Puls., Bry. (*from Indigestion*). See Sec. 148.
Bell., Gels., Glon.,[2] Cocc. (*from Congestion*). See Sec. 90.
Phos., Ac.-Phos., China, Zinc. (*from brain-fag*).

[1] Dr. Fleury, after recording a striking instance of cure of Gastrodynia by *Arsenicum*, remarks: "I can recall several cases which in my allopathic days I used to cure with large doses of Bismuth, though without having any idea of how the cure was effected. I have no doubt now that it was owing to the small portion of Arsenic contained in the Bismuth of the shops."—*Hom Review.* See also *H. World*, v. iii. p. 11; v. iv. p. 263.

[2] See *H. World*, v. v. p. 31; v. vii. p. 197.

## 151.—Bilious Headache.

The Headache of Indigestion is commonly termed *bilious*. It arises in connection with stomach derangement or some excess, and is generally accompanied by foul tongue and breath, pain in the stomach, nausea, deranged bowels, etc. It is necessary to discriminate between this and Headache of a different nature and arising from other causes, as *nervous* Headache, from exhaustion consequent on Hæmorrhage, prolonged lactation, Hysteria, etc.; or *toxæmic*, as in Enteric fever, Scarlet fever, etc.; or *organic*, from cerebral disease.

Epitome of Treatment.—

Iris (*copious bilious vomiting*); Cham. (*in females, from cold or worry*); Nux V. (*with Constipation*); Bry. (*vomiting of bitter fluids*); Acon. (*from Catarrh*); Nux Mosch.[1] (*constant, with salty taste*); Ipec., Puls., Ant.-C., Merc., Sepia.

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## 152.—Pyrosis (*Pyrosis*)—Water-brash.

Symptoms.—Eructations of an acid or tasteless watery fluid, sometimes in considerable quantities. It seems to arise from closure of the œsophagus by muscular Spasm, so that the trickling saliva is prevented from passing into the stomach, and ascends into the mouth without any effort. It is often accompanied with pain, and is sometimes a symptom of organic disease of the stomach or liver, but is commonly due to chronic Gastric Catarrh.

When arising from Indigestion it is generally due to the too exclusive use of a vegetable diet, or to other indigestible food; it is of common occurrence amongst the poorly-fed.

Treatment.—*Carbo V.*—Acid or acrid eructations, with

[1] See *H. World*, v. vii. p. 81.

flatulence, and, usually, Constipation, sometimes Diarrhœa. *Lyc.* in chronic cases; *Nux V.*, *Ac.-Sulph.*, *Bry.*, *Puls.*, and *Ac.-Acet.* are also recommended.

In obstinate cases of this disease the most brilliant results often follow Krukenburg's prescription:—"When the patient is hungry, let him eat butter-milk, and when he is thirsty, let him drink butter-milk." Fresh milk is not so well borne, as it curdles in the stomach.

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## 153.—Vomiting (*Vomitus*)—Sickness.

Causes.—Improper food or too large a quantity; a disordered condition of the digestive functions; pregnancy;[1] disease or irritation in other organs, as the brain, kidneys, uterus, etc.; Cancer or Ulcer of the stomach; mechanical obstruction of any part of the intestinal canal; morbid states of the blood; it also occurs in most of the eruptive fevers.

Prognosis.—Nausea and vomiting occurring in diseases of the brain, as in Epilepsy, are unfavourable indications; on the contrary, in pregnancy or Hysteria, no alarm need be felt, as they are merely symptomatic of irritation conveyed by the nervous system to the stomach. We may learn much by observing the time of the occurrence of vomiting, the nature of the matters ejected, and the extent and urgency of the symptoms. If vomiting afford relief, and the nausea, oppression of the chest and stomach, and Headache cease, the case may be considered favourable; if, on the other hand, the symptoms preceding vomiting are not relieved by it, but increase, the disease must be regarded as having taken an alarming form.

[1] For the treatment of "Morning Sickness" in pregnancy, see the "Lady's Homœopathic Manual."

Treatment.—Should vomiting arise from over-repletion, or from indigestible food, it may be regarded as a conservative effort, and should be encouraged, within proper limits, by drinking warm water, or tickling the throat with a feather until the offending material is expelled. If sympathetic of organic disease, the treatment should be directed to the primary cause, while temporary relief from the vomiting may be obtained by the use of one of the following remedies. Under other circumstances, a remedy may be selected according to the causes of the vomiting, and the symptoms which exist.

*Ipecacuanha.*[1] — *Simple copious vomiting,* with nausea; greenish or blackish and mucous vomit; Diarrhœa.

*Kreasotum.* — Chronic *persistent* vomiting. When the affection does not depend on simple Indigestion, *Kreas.* is the best remedy; also for *persistent retching,* without vomiting.

*Secale.*—Chronic vomiting of sour mucus, with offensive eructations.

*Arsenicum.*—Vomiting, purging, great *prostration,* with a *burning sensation* in the stomach and throat, and cold hands and feet. When caused by Cancer or other malignant disease of the stomach, this remedy often relieves.

*Zincum.*—The food is *suddenly ejected,* without retching; and the patient becomes emaciated.

*Ant.-Crud.*—Nausea, heaviness of the stomach, foul white tongue, and dislike to food, which continue unabated after free vomiting.

*Iris.*—Bilious attack. Often an effectual remedy.

Accessory Means. — Small pieces of ice placed on the tongue are very grateful, and tend to allay the sickness. The diet should be simple, nourishing, and non-irritating. Beef-tea is, probably, most suitable, and may be given every

[1] See *H. World,* v. iii. p. 284.

one to three hours, in small quantities, till other food can be borne. In many cases soda-water-and-milk, in equal proportions, given in small quantities, freshly mixed, can be retained and digested. The stomach will often retain bland liquid diet when it would reject any other.

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## 154.—Sea-sickness[1] (*Nausea Marina*).

This affection, though very distressing, is not serious; it is caused by the motion of the vessel. The seat of the affection is in the brain, and the sickness probably arises from a deficient amount of blood supplied to that organ. The retching and vomiting frequently recur, with intervals of extreme physical prostration, a sinking sensation at the pit of the stomach, Vertigo, Headache, etc. The symptoms, especially the Vertigo, are most severe in the upright posture, and are at once relieved by a strictly horizontal one.

Persons of delicate and sensitive organisation, with weak heart, quick pulse, and tendency to Palpitation, are most liable to be affected, and are sometimes subject to similar derangements from the oscillations of a carriage or swing.

Treatment.—*Petrol.*, *Cocc.*, and *Nux V.* are the best preventives; and *Kreas.*, *Tabac.*, or *Petrol.*, during the sickness. *Petrol.* should be taken on going on board; a drop or two on a small piece of sugar, repeated every two or three hours. From personal experience in two voyages across the Atlantic, we recommend this as the best remedy for sea-sickness. *Nux V.*—For Indigestion with Constipation we found this remedy of great value, and administered it in many cases with marked good results. *Ver.-Alb.*, *Podoph.*, and Rubini's *Camphor* have also been recommended. *Chlor.-Hyd.*, in doses

[1] See *H. World*, v. vii. pp. 88, 167, 288.

of thirty grains, will often enable the worst sailors to make a short sea passage in perfect comfort.

Accessory Means.—If the previous statement be correct —that sea-sickness is caused by an insufficient supply of blood to the brain—our first effort should be an attempt to facilitate the afflux of blood to that organ, by a favourable posture, and by imparting strength to the heart's action. The *horizontal posture*, therefore, should be enjoined; and small quantities of arrowroot, beef-tea, or such light diet taken as best agrees with the patient. Champagne—iced if possible —is the best beverage, if it suit the stomach. Soda-water with a small quantity of brandy often suits well. When the symptoms are subsiding and the appetite is returning, a cup of good coffee without milk or sugar, with a plain biscuit or a small slice of toast, is often grateful.

Prevention.—For several days before embarking, indigestible food, over-repletion, or any irregularity in diet, should be avoided. At the same time one of the preventive remedies may be taken. Dr. Marsden informs the author that he has found those medicines most efficacious which, taken a day or two before going on board, improve the digestion, and act downwards. During the early part of the voyage, unless the weather be very fine, the patient should remain in his berth in a horizontal posture, and take chiefly liquid food—beef-tea, chicken-broth, etc. Good draughts of *warm* water, in the author's experience, more often relieve than anything else. A girdle, moderately tight, round the waist and abdomen, a *magnetic belt*, or a stomach compress, without mackintosh, have also been recommended. Warmth to the stomach and feet tends very much to prevent sea-sickness. Anything to amuse, and divert the attention from the waving posture, is useful.

## 155.—Enteritis (*Enteritis*).

Definition. — Inflammation of the small intestines, throughout a greater or less extent of their course, involving all the coats of the intestines, or only the mucous lining. In the latter case, the disease is termed *Muco-enteritis*, and occasionally affects children from six to eight months old.

Symptoms.—Enteritis is preceded by rigors, dry hot skin, quick wiry pulse, thirst, nausea or vomiting, and often confined bowels. The patient complains of severe pain in the abdomen, especially concentrated around the navel, which is aggravated by pressure. He lies on his back, with his knees raised, so as to relax the abdominal parietes.

Diagnosis.—*Enteritis* may be distinguished from acute *Peritonitis* by the more local character of the pain and tenderness, by the pain being generally limited to the vicinity of the navel, and by the symptoms being less acute; from *Colic*, by the tenderness on pressure, the quick pulse, fever, and prostration; from *intestinal obstruction*, by the early occurrence of the pain and tenderness, and the rapid progress of the case.

Causes.—Cold; errors in diet, such as eating too many raw apples or pears; the use of strong drinks; worms; internal strangulation of the intestines; or it may arise as the sequel of some general disturbance, as some form of fever.

Treatment.—*Arsenicum.*—Severe *burning pains* around the navel, obstinate vomiting, and excessive *prostration.*

*Mercurius Cor.*—Hard, distended, and tender abdomen; fœtid watery stools; constant urging to stool, followed by hard *straining*, and evacuations of *mucus* or *mucus and blood.*

*Colocynth.* — Inflammation of the large intestines, with *drum-like distention of the abdomen;* severe gripings; bilious nausea or vomiting.

*Veratrum Alb.*—Great thirst; furred tongue; nausea and vomiting; severe prostration; *cold extremities;* etc.

*Aconitum.*—At the commencement, and during the course of the disease, alone, or in alternation with any other remedy indicated, to moderate *fever* and *pain.*

Accessory Means.—Perfect *quiet* in bed. *Hot fomentations* to the abdomen, sedulously employed, and followed by a carefully-applied wet compress. *Ice* or cold water may be freely *swallowed.* When the inflammation subsides, beef-tea, milk-and-soda-water, or *Neave's farinaceous food* may be given.

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## 156.—Dysentery (*Dysenteria*)—Bloody-Flux.

Definition.—A febrile disease, consisting of Inflammation and Ulceration of the minute lenticular and tubular glands of the lining of the large intestine, attended with *tormina,* followed by *tenesmus,* and scanty *mucous* or *bloody* stools.

Symptoms.—These vary considerably with the type of the disease. Simple cases occur, and run their course, with little constitutional disturbance; but an acute attack commences with a chill or rigor, and is soon followed by quick pulse, hot skin, flushed face, and often pain in the head, thirst, furred tongue, nausea and vomiting. Griping, irregular pains in the abdomen—*tormina*—are experienced, and the patient is often tormented by a sensation as if there were some excrementitious matter in the bowel ready to be evacuated, and he is irresistibly impelled to strain violently to remove the irritation. This, the most marked symptom of Dysentery, is called *tenesmus,* and although the desire to go to stool is frequent and urgent, the patient is unable to pass anything except a little mucus and blood, shreds of fibrine which the patient often thinks to be the coats of his own bowels, and, sometimes, balls of hardened fæces, called *scybala.*

The spasmodic action often extends to the bladder, exciting frequent efforts to pass water. In hot climates the attacks are acute and violent, the pain being very severe around the navel and at the bottom of the back-bone; sometimes Hæmorrhage occurs from an artery being opened by Ulceration, or Abscess of the liver is a sequel of the disease. In unfavourable cases, loss of strength and flesh follow, small and rapid pulse, anxious and depressed countenance, the abdomen becomes increasingly tympanitic, with bearing-down of the lower bowel, burning heat, *hiccough*, sudden cessation of pain, cold sweats, sharpened features, Delirium and death. In favourable cases, the strength is not much reduced, while warmth and moisture of the skin, and a more natural character of the evacuations, indicate a tendency to recovery.

Causes.—"I believe Dysentery to be caused by the action of a poison in the blood having a peculiar affinity for the glandular structures of the large intestine. This poison I believe to be a malaria generated in the soil by the decomposition of organic matter" (*Maclean*). The effluvia from dysenteric stools are infectious, and, consequently, are a cause of the disease. It is probable that the following are efficient agents in the *propagation*, rather than in the *causation* of Dysentery:—Exposure to extreme and sudden changes of temperature, as from heat of day to the cold and damp of night; impure water; insufficient protection from cold and wet, as sleeping on the ground with the abdomen insufficiently covered; intemperance; a poor or irregular diet, etc. It is therefore often epidemic among people reduced by privation.

Treatment.[1]—*Aconitum.*—If febrile symptoms are well marked, the early use of this remedy often arrests the disease at its onset. It should be administered several times, at intervals of an hour.

[1] See *H. World*, v. v. p. 204.

*Merc.-Cor.*[1]—*Bloody* evacuations, mucus mixed with blood, or almost pure blood; severe pain and *straining* before, and especially after, discharge; urine completely suppressed, or passed with great difficulty, with severe tenesmus of the bladder, while yet the patient lies *perfectly quiet and composed.*

*Aloes.*—*Shooting boring* pains near the navel, *increased by pressure;* swelling of the lower part of the abdomen, which is sensitive to pressure; distention in the *left side* and along the track of the colon, worse after eating; *fainting during stools;* stools of bloody water; *violent tenesmus;* frequent *cutting pains* with *pinching* in rectum and loins; heaviness and numbness in the thighs.

*Arsenicum.*—*Great thirst,* but patient drinks little at a time; cold breath; tongue looks blue; perspiration sticky and cold; eruptions may appear on the skin; cold extremities; excessive *weakness;* patient despairs of life, and is very restless; *before stool,* feeling as if the abdomen would burst; *during stool,* feeling of contraction above the anus; *after stool,* burning in rectum, trembling in limbs, also palpitation of the heart and exhaustion; putrid fæces; urine offensive, greenish, and passed with great pain. Especially indicated in constitutions enfeebled by previous disease.

*Colocynth.* — Often required after *Merc.-Cor.*, especially when *colicky pains* are very severe, the abdomen distended, tongue white, and discharges slimy; the patient is *doubled up* with pain, pressing any object against the abdomen for relief; fruitless attempts to vomit; burning along the sacral region.

*Ipecacuanha.*—Autumnal Dysentery, with nausea and vomiting, uneasiness, straining, and Colic; the evacuations are frothy, fœtid, and afterwards bloody, sometimes mucous and greenish. Often advantageous in alternation with *Bry.*

*Bryonia.*—Pains aggravated by the least movement, even of the arms; great thirst for *large draughts* of water.

[1] See *H. World* v. vi. p. 173.

*Belladonna.*—At an early stage, if the pains *appear and disappear suddenly;* sharp, shooting pains; great bearing-down; tenderness of abdomen on pressure.

*Nux Vom.*—The first to be given after allopathic drugging; special symptoms are *small* and frequent evacuations, with violent tenesmus, which ceases with the evacuation; *pain* in the *back,* as if it were *broken,* in the region of the sacrum.

*China.*—Dysentery in marshy districts; putrid and intermittent Dysentery; weak, thready pulse; cold extremities.

*Rhus Tox.*—Involuntary nocturnal discharges; cutting pains in the abdomen; almost constant urging to stool.

*Sulphur.*—Obstinate cases, where ordinary remedies fail in affording relief, especially where there is constitutional taint, or hæmorrhoidal disease; also as an intercurrent remedy.

*Administration.*—In urgent cases a dose every twenty or thirty minutes; in less severe, every three or four hours.

Chronic Dysentery.—*Phos., Ac.-Nit., Sulph., China, Calc.-C., Ver.-Vir.,* and *Ac.-Phos.* are our chief remedies.

Accessory Means.—The patient should maintain a recumbent posture in bed, in a well-ventilated apartment, and, in severe cases, use the bed-pan instead of getting up. Local applications afford great relief, the best of which is the *Abdominal Compress* (see Sec. 28). If the pains are very severe, large hot poultices, or flannels wrung out of *hot water,* should be applied over the abdomen, a second hot flannel being ready when the first is removed. Great benefit often results from injections, if there be not too much inflammation to admit of the introduction of the enema-tube: they may be administered after each evacuation if they prove beneficial. The first two or three injections may consist of from half a pint to a pint of tepid water, the temperature being afterwards gradually reduced. Mucilaginous injections are also frequently of service. The drink should consist of cold water, toast-water, gum-water, barley-water, etc.; the diet should

be restricted to soda-water-and-milk, arrowroot, cocoa, broths, ripe grapes, and other liquid forms of food—all cold. Animal food and stimulants should be avoided; when recovery has considerably advanced, and in chronic cases, beef-tea and other animal broths may be taken.

PREVENTIVE MEASURES.—Besides avoidance of the conditions pointed out under "Causes," it is necessary promptly to remove, disinfect, and bury the evacuations from a dysenteric patient, and to adopt the "Accessory" and "Precautionary Measures" pointed out under "Enteric Fever."

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## 157.—Hernia (*Hernia*)—Rupture.

DEFINITION.—A protrusion of some portion of the intestines through the walls of the abdomen, causing a swelling.

VARIETIES.—The following are the most common:—*Umbilical* Hernia makes its appearance at the navel, usually in infantile life; *inguinal*, in the groin; *femoral*, also in the groin, but a little lower than the inguinal region; and *scrotal*, in the scrotum. *Reducible* Hernia is one that can be returned into the abdomen; *irreducible*, cannot be returned; *strangulated*, is so constricted that the contents of the bowel cannot pass onwards, and the circulation of blood is impeded.

SYMPTOMS OF STRANGULATED HERNIA.—A painful, tense, and incompressible swelling; flatulence, and colicky pains, with vomiting; obstruction; desire to go to stool, and inability to pass anything, unless there be fæcal matter in the bowel *below* the seat of rupture. If relief be not obtained, Inflammation sets in, with vomiting, even of fæculent matter, extreme pain, small wiry pulse, etc.; and, finally, mortification, with cessation of pain, and death.

CAUSES.—*Weakness* of the abdominal walls from disease, injury, or congenital deficiency; *violent exertion*, as in lifting;

*immoderate straining,* as in passing urine through a stricture, or in relieving the bowels.

Treatment.—No time should be lost in trying to push the tumour back into the abdomen, gentle force being exerted chiefly upwards and outwards as the patient lies with the hips raised, and the thigh on the ruptured side flexed. A copious injection of tepid water the author has known to be successful in cases which assumed a serious aspect, the escape of the water from the bowel being rapidly followed by return of the rupture. But if not successful, the patient should be laid on *a board,* so placed as to form *a steep incline plane,* so that the patient's feet and hips are very much higher than his head; he should be firmly held in this posture by an assistant, when, by pressure on the swelling, and often without any, the bowels will fall towards the chest, drawing with them the constricted portion. A gurgling sound will be the signal of success. After returning the Hernia, a truss should be employed, the pad of which should be of an oval shape, to exert a sufficient amount of pressure to prevent the subsequent protrusion. *Salmon Ody's* self-adjusting truss is the one we generally prefer. A truss should be worn constantly during the day-time, and applied *before* rising from the horizontal posture. The skin of the part on which it presses should be washed daily, and for the first few weeks bathed with *Eau-de-Cologne* or spirit-and-water, to prevent excoriation and the formation of boils.

If the rupture resist the measures just recommended, the best surgeon within reach should be *immediately* sent for, as an operation may be necessary to save the life of the patient. In the meantime *Acon.* and *Nux V.* should be administered every fifteen or twenty minutes in alternation.[1]

[1] A remarkable operation by a homœopathic doctor for umbilical Hernia is recorded in *H. World,* v. iv. p. 242-3. The operation was favourably noticed by the *Lancet* at the time.

## 158.—Parasitic Diseases of the Intestines (*Morbus parasiticus intestinorum*)—Worms (*Entozoa*).

There are some *fifty-five* well-marked parasites which infest the human body. Of these thirty-five live *within*, hence are called *Entozoa;* and eight live *upon* or *outside* the body, and are called *Ectozoa* (see the Section "Parasitic Diseases of the Skin"). There are twelve other parasites which are of *vegetable* growth, and are called *Entophyta* or *Epiphyta*, according as they live within or upon the body. There are many others which have been reported, but their characters or existence are still the subject of enquiry. Even the parasites themselves are infested with parasites—"an observation embodied in the Hudibrasian couplet:—

> 'These fleas have other fleas to bite 'em,
> And these fleas, fleas, *ad infinitum.*'"

The parasites of man are divided into three classes:—*Cœlelmintha*—hollow worms—worms with an abdominal cavity; *Sterelmintha*—solid worms; and *Accidental Parasites*—internal parasites, having the habits, but not referable to the class, of entozoa. The round-worm and thread-worm are examples of the first class; the tape-worm, of the second; and the larva of the gad-fly belongs to the third class. There is scarcely a tissue or organ of the body that has not been invaded by parasites: by far the greater number of the *entozoa* dwell in the intestines; but many are found elsewhere—the *Guinea-worm* in the skin and subcutaneous tissues, the *Trichina Spiralis* and *Cysticercus Cellulosæ* in the muscles, and others in the eye, kidney, liver, brain, heart, etc., and even in the blood.

The three most common parasites are the following:—the *Oxyuris vermicularis* (the small thread-worm), and the *Ascaris lumbricoïdes* (the long round-worm); the *Tænia solium* (the common tape-worm of this country); the latter is least

frequent, and is very rare in children till after the third year.

The Oxyuris, from a quarter to nearly an inch long, is the smallest worm that infests the intestines, and often exists in clusters, rolled up in masses of considerable size, chiefly, but not exclusively, in the rectum. They are thread-like, white, move very rapidly, and when touched contract to nearly one-half their usual length. The term "maw-worm" is sometimes applied to them, from the irritation caused in the stomach by a reflex action. They do not exist in infants fed at the breast, unless other food, especially starch food, is also given, but are often met with in older children, and occasionally in adults. The *symptoms* to which this variety gives rise are,—itching or irritation about the anus, especially troublesome in the evening, depraved or irregular appetite, offensive breath, picking of the nose, straining at stool, disturbed sleep, and more or less general restlessness. The local irritation excited may be very considerable, extend to contiguous parts, and occasion a mucous or bloody discharge from the vagina, and even operate as a cause of masturbation. The same result may occur from direct migration of the worms from the anal to the vaginal or urethral orifice. The frequent but ineffectual desire to go to stool may occasion straining and Prolapsus Ani, effects which may continue after the expulsion of the worms. When the presence of thread-worms is suspected, they may often be found on examination of the stools, or crawling about the radiating folds of the anus after the patient gets warm in bed.

The Ascaris Lumbricoïdes is very similar to the common earth-worm, but of a paler colour, sometimes almost white. It is of variable length, from six to fifteen inches, inhabits chiefly the small intestines, where it feeds on the chyle, but not infrequently passes into the stomach and is vomited; or downwards into the colon and is ejected with the evacuations.

It has been seen in the gall bladder and hepatic duct; has visited the œsophagus, pharynx, and glottis; and has been found in the air-passages, coming by way of the œsophagus and trachea, causing death by strangulation. When existing in large numbers the worms cause much irritation, and are occasionally passed in bunches or balls rolled together. It seldom exists alone, and is said to be most common in ill-fed children between the ages of three and ten years. The chief symptoms are,—pains and swelling of the abdomen, depraved appetite, fœtid breath, slimy stools, tenesmus, itching of the anus, and sometimes chronic Diarrhœa, most troublesome at night, with offensive, scanty, thin motions, much straining, and often prolapse of the bowel. Nervous symptoms are also common,—pallid countenance, dilated pupils, Vertigo, disturbed sleep with grinding of the teeth, Convulsions, Chorea, etc. These symptoms may, however, be due, in part at least, to the general functional derangement which favours the production of the parasite, and not alone to direct irritations.

The Tænia Solium is white, articulated, flattened, varies in length from a few feet to many yards, has its habitat in the small intestines, and usually exists alone. It has been said that, if any segment of the tænia be left in the bowel, it will become a perfect worm; but this is not the case. If the articulation be fully developed, and finds a suitable nidus, the germs will escape, and, passing through their physiological changes, become perfect worms. The symptoms produced by its presence are not often well-marked, and it is usually unsuspected till joints are passed in the evacuations; frequently, however, there are sensations of weight, or gnawing in the abdomen, often with enlargement about the navel. The appetite is usually excessive, but at the same time the nutritive functions are so imperfect that there is considerable and progressive wasting. There is often itching of the nose and anus, lassitude, and sometimes cramps in the extremities.

General Symptoms.—The existence of worms is usually preceded and accompanied by an unhealthy condition of the mucous lining of the intestines, in which a large quantity of tenacious slimy mucus is secreted, which interferes with the various processes concerned in digestion, and at the same time forms a suitable nest for intestinal worms, in which they develop rapidly in proportion to the quantity of mucus secreted. Intestinal worms require thick mucus both for their nidus and nourishment. The clear recognition of this fact is of great importance, for when the alimentary canal is brought into a healthy condition, there is no home for worms, and they soon cease to infest the patient.

This condition of the intestinal canal is associated with a coated tongue, varying in degree according to the extent of mucus secreted, with remarkable distinctness of the fungiform papillæ at the sides of the dorsum. These papillæ are seen as large, round, or, more commonly, oval spots, seldom elevated, and varying in colour from pale red to deep crimson, the depth of colour being in proportion to the degree of irritability of the digestive organs. If vomiting and Diarrhœa supervene, their colour becomes bright red, and they then project slightly above the surface, peering through the thick coating of yellow fur with which the dorsum in such cases is usually covered. Although the appearance of the tongue thus described is not diagnostic of worms, yet it indicates a condition of the digestive organs in which worms are very likely to be found, and when it is noticed, worms should always be inquired for. When the tongue is seen to have a slightly slimy look, especially about the centre, to be covered with a thin coating of greyish transparent fur, and to have the fungiform papillæ at the sides—large, oval, not elevated, but pinkish red, and unusually distinct—worms are seldom absent (*Dr. Eustace Smith*).

As a result of this condition of the alimentary canal, the

function of nutrition becomes impaired, and the patient loses flesh, while the abdomen becomes hard and swollen. The face is puffy and pale, the skin greyish, with a leaden-coloured semicircle under the eyelids; the pupils are dilated; there is itching of the nose and anus, and occasionally tenesmus; the bowels may be confined, with constant ineffectual efforts, or there may be attacks of Diarrhœa, with great straining, the motions being dark, slimy, and offensive; the breath is disagreeable, especially in the morning, and there is sometimes dribbling of saliva during sleep. The appetite is capricious, often ravenous, and sometimes the child refuses food altogether. Discharges of mucus are not infrequent from the rectum, and also in girls from the vagina. Sometimes the urine is passed with difficulty or pain, the urine being usually whitish or milky.

Other disordered conditions, of a nervous character, are, restlessness, starting during sleep, grinding of the teeth, a dry, short, irritative or spasmodic Cough, sighing, Hiccough, and in children of a refined nervous temperament, Convulsions.

*The only certain proof of the presence of worms is the detection of the creatures themselves, or their ova, in the stools or matters vomited.* Even when thus known to exist, the symptoms for which advice is sought may not be due to the worms. In such a case an injection or purgative will expel the parasites, but the symptoms will still persist.

Causes.—Our knowledge of the *modus operandi* by which these parasites get access to the intestinal canal is as yet imperfect. The *Oxyuris* effects an entrance into the human body with vegetable food or water whilst in an immature condition. Unfiltered, impure water is no doubt the medium by which the *Ascaris lumbricoïdes* is introduced. The revelations of the microscope prove that water often contains animalculæ, or their eggs, and which, though extremely

minute, may give rise in the human intestine to a thing of life. Eating imperfectly-washed vegetables, raw, or under-cooked meat, etc. Flesh infested with the *cysticercus* is the ordinary source from which the *Tænia* are derived. Pigs are very liable to be so infested, and in rabbits it is exceedingly common, very few of these animals being found altogether free from this parasite (*Dr. Eustace Smith*).

The theory of the *spontaneous generation* of intestinal worms is opposed to the investigations of the most scientific naturalists of the present day. Food in a semi-assimilated condition, with the presence of mucus in the intestines, form a *nidus* favourable to the development of parasites; but there has been no evidence of a single example of spontaneous development even of the simplest form of living beings, except through the instrumentality of a previously-existing principle. The microscope shows that the entozoa have male and female organs, and produce fertile eggs in abundance. The eggs of course require for their development certain favourable conditions, but these conditions are not the cause of their production.

The identity of the Tænia with the *cysticercus* found in the muscles of the lower animals has been established by Siebold and others, and it is probable that the *trichina* is subject to similar developments.

The *predisposing condition* which favours the development of worms, already noticed, is the secretion, in great abundance, of intestinal mucus, causing fermentation of food and imperfect digestion and assimilation. Struma is a predisposing cause, for the unhealthy condition of the lining of the digestive tube that prevails in this disease is highly favourable to the development of worms.

Worms Infectious.—Thread-worms often migrate from the rectum into the vagina of little girls, preferring the night for this purpose; they may even migrate from the child

affected to others sleeping in the same bed. The female worm is the greatest traveller, and one pregnant worm, escaping from its place of development into another intestinal canal, is capable of infecting it. In this manner worms are infectious, and an entire family, where parents and children occupy the same bed, as they too often do among the poorer classes, become infested with *oxyuri*.

TREATMENT.—This does not involve simply the expulsion of the parasites from the body, but the correction of the abnormal state of the digestive canal, and the destruction of the nidus in which they live and multiply. When *oxyuri* are very numerous and troublesome, and their immediate removal is desirable, we recommend simple injections, as follows:—

INJECTIONS.—These are useful as means for expelling thread-worms, as they inhabit the rectum and sigmoid flexure; half a pint of water, in which a teaspoonful of common salt has been dissolved, once or twice repeated, will generally suffice. The injection should be copious, administered in the evening at bed-time, and when the bowel is empty, so that the salt water may find ready access to the various ramifications of the bowel where the parasites hide. Afterwards, a simple cold or tepid injection should be used regularly two or three times a week for one or two months, to wash away the slime and mucus in which the ova exist. But the medicinal and general treatment can only be relied upon for improving the health and preventing their re-formation. Garlic (*not onion*) injections have been found very efficacious. Sweet-oil is a less disagreeable injection, and often rids the patient of the worms in about ten days.

EPITOME OF TREATMENT.—

1. *As Anthelmintics.*—Cin., Cup.-Ac., Filix Mas. $\phi$, Teuc. 2x, Urt.-U., Sant. 1, Kousso. Infusion of Pomegranate rind.

2. *For constitutional conditions commonly associated with worms.*—Ars., Calc.-C., Sulph., Sil., Merc.

3. *Occasional Remedies.*—Acon. (*feverishness and restlessness*); Bell. (*flushed face, nervous irritability, convulsions*); Nux V., China, Puls. (*Indigestion*); Ign. (*nervous depression*).

Leading Indications.—

*Cina.*—A valuable remedy for the condition which favours the development of *thread-worms*, or round-worms, or even tape-worms, with the following symptoms:—boring at the nose, livid semicircles under the eyes, tossing about, or calling out suddenly during sleep, Epilepsy or Convulsions, nausea and vomiting, griping, itching at the nose and anus, and white, thick urine, sometimes passed involuntarily.

*Santonine*—Is confessedly a genuine specific for all the larger kinds of neuratode parasites.[1]

*Mercurius Cor.*—This remedy is indicated more by the character of the evacuations than by the presence of parasites. The motions are whitish or greenish, pappy, and sometimes bloody, often attended by tenesmus; there may be also distention of the abdomen, *fœtid breath, excessive quantity of saliva*, difficult teething, restlessness at night, etc.

*Ignatia.*—Suitable for mild, sensitive children, troubled with excessive *itching of the anus, Prolapsus Ani*, nervousness, depression, epileptiform attacks, etc.

*Teucrium.*—Thread-worms with much irritation in the rectum, irritability of the nervous system, sleeplessness, Vertigo, etc. It is especially efficacious in *adults*.

*Filix Mas.*—This remedy is chiefly employed against the *tape-worm*, and if continued for some time, twice a day, often effects a cure.

*Urtica Urens.*[2]—Excessive *itching of the anus*, especially at night, from thread-worms.

*Ant.-Crud.*—This remedy is particularly recommended for

[1] See *H. World*, v. vi. pp. 71, 254. V. v. p. 84; v. vii. p. 260.

the correction of that *morbid condition of the intestinal canal* which favours the development of worms.

*China.*—Thread-worms, with *tendency to Diarrhœa,* irritation at the anus, pallor of the face, and livid appearance under the eyes.

*Sulphur.*—Worm-colic; also after the general symptoms have disappeared, to complete the cure. See also *Calc.*

*Calcarea.*—After discontinuing the other remedies specially and immediately indicated, this is generally required for patients having an *hereditary predisposition to worms,* with other scrofulous symptoms.

Local Means.—The propagation of the most common varieties of worms—the Ascaris and the Oxyuris—may be prevented by the simple application of lard or oil around the anus of the patient. It has been observed that light and air are necessary to the propagation of some varieties of intestinal worms in horses and other animals, and Mr. Haserick, of America, states that the female holds on or grasps the mucous membrane within the *sphincter ani,* and then discharges its eggs around the anus; in a few hours these are hatched and make their way into the rectum. He has found the application of lard around the anus destroys the larvæ, and that by renewing the application two or three times a day for a week, the surface is completely protected, and the egg has no nidus for development; consequently, as the worm is short-lived, in the space of eight days the animal is free from parasites. Encouraged by his success with animals, this gentleman recommends similar measures in the case of children, and with the prospect of equal success.[1]

[1] Dr. Woodvine, of Boston, confirms Mr. Haserick's theory. "After many attempts," he states, "I succeeded on the 15th, 16th, and 17th of January, 1869, in satisfying myself that the method by which the *oxyuris vermicularis* propagates its species, is by depositing the ova outside the sphincter ani and around the edge of the anus, where, in the space of a few hours, the worms are hatched, and make their way into the rectum. In order to ascertain if

Dr. Hills and Dr. Grosvenor have advised this treatment in many cases, with the best result in every instance.

DIET, ETC.—To correct the excessive and morbid intestinal secretion, considerable changes of diet are generally necessary. The food should be taken only at regular hours, and be selected with special reference to its digestibility; it may include properly-cooked animal food—mutton, beef, fowl—also white fish. Cakes, pastry, sweetmeats, sweet-made dishes, potatoes (except prepared as afterwards recommended), butter, veal and pork in any form, must be forbidden. Salt, as a condiment, may be taken with the food.

The following scale of diet is recommended by Dr. Eustace Smith[1] for a child over two years of age, to be given in four separate meals in the course of the day:—

"*First Meal.*—Fresh milk diluted with a third part of lime-water. A small slice of toast, or of dry, stale bread.

"*Second Meal.*—A small mutton-chop, or a slice of roast beef or mutton, without fat; dry toast or stale bread.

"*Third Meal.*—A cup of beef-tea or mutton-broth, free from grease; the yolk of a lightly-boiled egg; dry toast.

"*Fourth Meal* (*if necessary*).—The same as the first. It is not always easy to persuade children to submit readily to the deprivation of starchy food, for which, and especially for potatoes, there is often in these cases a great craving. So long, however, as the slimy appearance of the tongue, before described, continues to be observed, the above diet should, if possible, be adhered to. When potatoes are once more allowed, they must be well boiled, and should be afterwards carefully mashed with a spoon. *Steaming* is generally the best method of cooking potatoes. Gravy may be poured over them before they are

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the ova are thus deposited, I directed the parents of the child afflicted with the oxyuri; a few minutes after a paroxysm of itching and pricking pain in the rectum had subsided, to take a piece of damp black silk, and, wiping the anus of the child with it, fold it, and send it to me. To the naked eye nothing appeared on the silk more than a little mucus. This I placed in a microscopic cell, and under a one-fifth objective found that, on several occasions, I had succeeded in obtaining large numbers of the eggs, thus confirming the observation of Mr. Haserick."

[1] "The Wasting Diseases of Children." London: James Walton.

eaten. In cases where the appetite is lost and there is disgust for food, children often show an especial reluctance to take meat, which it is very difficult to overcome. A small bird, as a lark or a snipe, will however often tempt them, for their fancy is pleased by the idea of eating a whole bird, and this means frequently succeeds when all others fail.

"The above scale of diet need not be literally followed in the case of all children troubled with worms, but may be varied according to circumstances. In general three meals are better than four; but whichever arrangement is adopted, no food should be allowed between the meals."

General Measures.—The general hygienic management of children should be conformed to the best principles: children should be quickly bathed with cold water on rising in the morning, and afterwards rubbed with a large towel or a sheet till the whole skin is in a glow. An occasional warm bath at night is advantageous by aiding the healthy action of the skin. Open-air exercise should be taken daily, and when improvement has taken place, change of air to the coast or to a bracing country is desirable, if only for a short time. Change of air tends to perfect and render permanent the treatment recommended.

Prevention of Worms.—1. Open waters should be avoided, either for drink or for use in the preparation of food, into which the carcases of dogs are sometimes thrown, or into which worm-eggs may be washed by rain, or other agencies, or to which even dogs or other animals have access. All suspected water should be previously boiled, distilled, or *well filtered.* 2. Decomposing pieces of meat should be destroyed by *fire;* if thrown to dogs, or allowed to accumulate on the ground, or even buried, worms are propagated, and human health and life endangered. 3. Raw or underdone meat, especially ham, bacon, sausages, etc., should be carefully avoided. Cooks, butchers, etc., are more liable to be infested with *tænia* than other persons, and in countries where uncooked flesh, fowl, or fish is consumed, worms abound. Good cooking ranks next in importance to the attempt to

exterminate parasites from the animals we eat, or the water we drink. 4. Dessert fruits, vegetables eaten raw, and salads, should be first most scrupulously washed and examined, as it is through such media that the ova of parasites often find their way into our bodies. After being *thoroughly cleansed* they should be well masticated before they are swallowed.

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## 159.—Diarrhœa (*Cholera simplex*)—Purging.

Definition.—Frequent, *excessive*, fluid evacuations from the bowels, without *tormina* or straining, from functional or structural changes in the small intestines, of a local or constitutional origin.

Simple frequency of evacuation may exist while there may be no increase in the quantity of fæcal matter discharged, or it may even be deficient. True Diarrhœa depends upon defective absorption of the intestines, so that an excess of matter passes through them, and less is taken up for the nourishment of the body.

Forms.—The following are the chief: *Irritative Diarrhœa*, from excessive, stimulating, irritating, or impure food or drink; *Congestive or inflammatory Diarrhœa*, from cold, cold drinks or ices when the body is overheated, checked perspiration, or suppressed accustomed discharges; *Diarrhœa lienterica*, or discharges of unaltered food from arrest of the digestive and assimilative functions; and *Summer-diarrhœa*.

Symptoms.—Nausea, flatulence, griping pain in the bowels; followed by loose motions, which may vary as regards *consistence*—being fluid or watery; in their *nature*—slimy, bilious, or bloody; and in their *odour* and *colour*. Furred tongue, foul breath, and acrid eructations are generally superadded. The circulation, breathing, and other functions are usually

unaffected. In *Summer-diarrhœa*, or English Cholera, the discharges are chiefly bilious, and there are often violent pains in the abdomen, Cramps in the legs, and great prostration.

Causes.—1. *Excess in the Pleasures of the Table.*—Over-repletion of the stomach may occasion irritation and Diarrhœa by the mere quantity of the aliment introduced, but these results more commonly follow the *mixture* of various kinds of food and drink in one meal.

2. *Indigestible kinds of food.*—Such are, especially,—sour, unripe, or decaying fruits or vegetables; badly-cooked food; fatty and rich food; various kinds of shell-fish; *putrid* or *diseased* animal food. Numerous proofs have been often furnished in the public journals that the flesh of diseased animals is extensively sold for human food.

3. *Impure Water.*—This is a fruitful cause of Diarrhœa. Water contaminated with sewage or sewage gases, or with decomposing animal matter, is almost certain to occasion Diarrhœa, especially in recent visitors to a neighbourhood supplied with such water.

4. *Atmospheric Influences.*—The heat of summer, the hot days but chilly nights and mornings of autumn, are frequent exciting cause of Diarrhœa; so is the application of cold to the perspiring body, or the sudden checking of perspiration. Hot weather is a frequent exciting cause of Diarrhœa, termed, on this account, Summer or English Cholera. Dr. Farr says that Diarrhœa "is as constantly in English towns when the temperature rises above 60°, as Bronchitis and Catarrh when the temperature falls below 32°." Probably, to the influence of the change of temperature—from the excessive heat of the day to the cool of the evening in the autumnal months—may be added that of bad drainage, and the impurities which then exist in our rivers and springs.

5. *Mental Emotions.*—The depressing influences of fear or

anxiety, or the violent excitement of anger, are frequent exciting causes. "A sudden fright," writes Sir Thomas Watson, "excites in many persons the action of the bowels as certainly as, and much more quickly than, a *black-draught.*"

6. *Functional or organic disease.* — Diarrhœa is often a symptom of other diseases arising from local or constitutional causes, as in Enteric fever; and in Hectic fever, and Phthisis, when it is called *colliquative* Diarrhœa, because it appears to *melt down* the substance of the body; *cachectic* Diarrhœa, as from Chronic malarious diseases; bilious Diarrhœa, from excessive flow of bile, as in hot weather or after passing a gall-stone. Looseness of the bowels is a very common precursor of Cholera, when that disease is epidemic.

TREATMENT.—The attempt to arrest Diarrhœa by the astringent measures of the old school has, in many ways, a most prejudicial effect; for should one symptom be relieved, it is too frequently followed by aggravation of others. When loose evacuations afford relief, they should not be interfered with, for they may be Nature's mode of curing disease. The evacuations following the too free indulgence of the table, or those of children during teething, are of this class.

EPITOME OF TREATMENT.[1]—

1. *Diarrhœa from indigestible food.*—Puls., Ant.-C., Ipec., Nux V.

2. *From impure water and effluvia.*—Bapt., Ars.

3. *From fruits or acids.*—Ars., Coloc.

4. *From cold and hygrometric changes.*—Camph. (*with severe chills*); Acon. (*from suppressed perspiration*); Bry. (*changes from hot to cold weather*); Dulc. (*damp*); Coloc. (*with Colic*).

5. *Summer Diarrhœa.*—China (*simple*); Ver.-Alb. (*with Cramps*); Iris (*with vomiting and Headache*); Ars. (*great prostration*); Ac.-Phos. (*epidemic summer and autumnal Diarrhœa*).

[1] See *H. World*, v. iii. p. 8; v. iv. p. 214; v. v. p. 280.

6. *From mental causes.*—Ign., Ver., Cham., China.

7. *During Dentition.*—See Section 137.

8. *In weak and aged persons.*—Phos., Ac.-Phos., Ant.-C., Ac.-Nit.

9. *Chronic Diarrhœa.*—Ars.,[1] Phos., Calc.-C., Ac.-Phos., Iod., China, Sulph., Ferr.-Iod., Ac.-Nit.[2]

10. *Other conditions.*—Ipec. (*with vomiting*); Ferr., China, Ars. (*undigested food in the stools*); Rumex, Nuphar (*morning Diarrhœa*); Merc.-Cor., Caps., Ipec. (*bloody discharges:* see also Section 156); Podoph., Merc., China, Iris (*bilious Diarrhœa*); Rubini's Camphor (*choleraic Diarrhœa; tetanic Cramps*).

Leading Indications.—

*Camphor.*—In *sudden* and *recent* cases, with chilliness, shivering, cold creeping of the skin, severe pain in the stomach and bowels, cold face and hands. Two drops on a small piece of loaf sugar, repeated every twenty or thirty minutes, for three or four times. If this remedy acts at all, it does so promptly, and no good follows its continued use.

*Dulcamara.*—Diarrhœa from cold and wet, particularly in the summer or autumn; nocturnal evacuations, which are slimy or bilious; impaired appetite and dejection of spirits.

*Pulsatilla.*—Purging *from fatty or rich food,* bitter taste in the mouth, nausea, eructations, and colicky pains, especially at night; *mucous Diarrhœa,* especially in children.

*Ant.-Crud.*—Watery Diarrhœa, with disordered stomach, loss of appetite, *white-coated tongue, eructations,* and nausea. It is more especially adapted to the aged.

*China.—Simple summer Diarrhœa;* also after eating, or in the night, or early morning, and containing undigested food, painless or with Colic; brownish motions; debility, thirst, and loss of appetite.

[1] See *H. World,* v. viii. p. 10. [2] V. vii. p. 6.

*Apis.*—Painless, greenish-yellow Diarrhœa *recurring every morning.*

*Iris Versicolor.*—English Cholera or Summer-diarrhœa; bilious evacuations, with vomiting and Headache.

*Arsenicum.*—Diarrhœa accompanied or ushered in by vomiting, with heat in the stomach, and a *burning sensation* attending the effort of expelling the motions, with griping or tearing pains in the abdomen. It is well indicated in Diarrhœa with extreme weakness, emaciation, coldness of the extremities, pallor, sunken cheeks, etc. It is therefore more suited to Diarrhœa associated with deep-seated disease than to mere functional disorder.

*Mercurius Cor.*—Bilious or bloody stools, preceded by colic and griping, and followed by painful *straining:* also clay-coloured or yellow stools.

*Bryonia.*—Diarrhœa during the heat of summer, especially if caused by cold drinks, or by sudden change from heat to cold wind.

*Podophyllum.*—Dysenteric and bilious Diarrhœa, with prolapse of the bowel.

*Aloes.*—Diarrhœa, with feeling of *uncertainty* as to the power of retaining the contents of the bowel.

*Veratrum.*—Copious, dark, *watery* evacuations, with *Cramps, great thirst, vomiting, coldness of the body,* and *rapid sinking.*

*Acid.-Phos.*—Chronic, *exhausting,* painless Diarrhœa, particularly when there is involuntary action of the bowels.

*Phosphorus.*—Weakly, nervous patients, especially young persons with a tendency to *Phthisis. Iodium* is also valuable.

*Ferrum.*—*Anæmic* patients; chronic Diarrhœa, with *undigested* food.

*Calcarea Carb.*—Chronic Diarrhœa, with weakness, *emaciation,* pale face, and sometimes variable appetite. It is especially useful in scrofulous persons.

DIET.—In *recent* cases of Diarrhœa, food should be given sparingly, consisting of light, non-irritating articles—gruel, rice, arrowroot, arrowroot biscuits, Neave's Food prepared with an extra quantity of milk, and other farinaceous substances, which should be taken *cool*. In chronic Diarrhœa, the diet should be nutritious, but restricted to the most digestible kinds of food—mutton, chicken, pigeon, game, and white fish are generally suitable, if not over-cooked. Beef, pork, and veal, and all tough portions of meat, should be avoided. Starchy foods—arrowroot, sago, etc.—are insufficient for prolonged cases of Diarrhœa, but are improved by admixture with good milk. *Old* rice, well cooked, with milk, taken directly it is prepared, is excellent nourishment. Raw or half-cooked eggs, and wholesome ripe food in moderation, may generally be taken. Mucilaginous drinks—barley-water, gum-water, nitric lemonade, linseed-tea, etc.—are the most suitable (see pp. 92-3). Probably, however, the best diet is *milk-and-lime-water;* it may be iced in feverish conditions, and soda-water occasionally substituted for lime-water. Restricting a patient entirely to this diet is often alone sufficient to cure all kinds of Diarrhœa not depending on a permanent chronic cause. Even in the latter case much temporary benefit is gained. The alkaline milk diet may be taken frequently and in small quantities.

ACCESSORY MEANS.—The extremities should be kept warm, and exposure to cold or wet avoided. Rest, in the recumbent posture, is desirable in acute cases. Severe griping pains may be relieved by heated flannel applied to the abdomen, dry, or wrung out of *hot* water. A roll of flannel, fitting moderately tight around the abdomen, is very comforting, and hastens the cure. Persons liable to Diarrhœa should always wear flannel abdominal-belts. Night air and late hours predispose to attacks. Except in severe cases, moderate out-of-door exercise should be taken daily. On recovery

from Diarrhœa, relapses should be guarded against by shunning all exciting causes in food, clothing, etc.; mental excitement, and excessive or prolonged exertion, should also be avoided.

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## 160.—Colic (*Colum*)—Spasms of the Bowel.

Definition.—Violent contraction (*Spasm*) of the muscular fibres of the large intestine.

Symptoms.—Severe twisting griping pain in the abdomen, chiefly around the navel, relieved by pressure, so that the patient doubles himself up, lies on his belly, or rolls on the floor, writhing in agony. The bowels are generally constipated, but there is a frequent desire to relieve them, although little passes but flatus; there is no fever, nor is the pulse even quickened, unless after a time it becomes so from anxiety. The paroxysms of pain are owing to the efforts of the bowel above to force downwards the mass of accumulated gas or fæces, while the lower portion is contracted.

Diagnosis.—Colic is sometimes mistaken for *Enteritis*, and for *Hernia;* but it may be distinguished as follows:—In *Colic*, there is no fever, no acceleration of the pulse, no serious apprehensive anxiety, the pain is relieved by pressure, and there are intervals of almost complete relief. *Enteritis*, on the other hand, is attended with fever and *extreme tenderness of the abdomen*, causing the patient to avoid any movement which would bring into action the abdominal muscles, so that he breathes by the chest alone; and although there are *paroxysms* of severe pain, there are no complete intermissions. Colic may be distinguished from *Hernia* by the tumour which exists in the latter disease, but which is absent in the former.

Causes.—Errors of diet, such as eating a mass of heterogeneous, acrid, indigestible food, or acid fruits; Cold, from

wet feet, or suppressed perspiration; worms; Constipation; etc. It may also arise from Stricture of the intestines.

TREATMENT.[1]—*Colocynth.*—*Cutting, griping,* or *intermittent* pains, extremely severe, with flatulence or Diarrhœa; followed by tenesmus.

*Chamomilla.*—In women and children; pinching and twisting pain; soreness of the bowels; nausea.

*Nux Vomica.*—Spasmodic flatulent Colic, with pain as if the bowels and bladder were pressed upon with a cutting instrument; irregularity in the action of the bowels. Also to correct the tendency to recurrence.

*Iris Versicolor.*[2]—*Severe flatulent Colic.* Colic often yields to this remedy after *Nux V.*, *Coloc.*, *Cham.*, etc., have failed.

*Belladonna.*—Paroxysmal Colic, griping, and sensation as if a ball or lump were forming; there may be distention of some part of the abdomen; redness of face, with straining, especially in children.

*Plumbum.*—Violent constrictive shooting or pinching pains in the region of the navel; constant desire to eructate and expel flatus; torpor, numbness, stiffness, and weakness in the limbs; hard abdomen; pressure and cramps in the stomach; relief by bending the body and drawing up the knees; *flatulence* and *obstinate Constipation;* with stools formed like sheep's dung; face and skin pale, bluish, or yellow; cold extremities; melancholy; etc.

*Veratrum.*—Severe *crampy pains,* with coldness of the whole body; flatulent Colic, especially in the night; Colic affecting the whole abdomen, with swelling and loud rumbling.

*Bryonia.*—In less severe Colic, when, in addition to fulness and distention of the bowels, there are sharp stitching-pains in the sides or in the bowels, with irascibility.

Other remedies sometimes required are—*Cocc.* (menstrual

[1] See *H. World,* v. iv. p. 101; v. vii. p. 223; v. ix. p. 15. [2] V. ix. p. 15.

Colic); *Merc.*, *Ipec.*, or *Podoph.* (bilious Colic); *Diosc.* (*sudden attacks, with vomiting of food*); *Puls.*, *Collin.* Some time ago we prescribed the last-named remedy with striking and permanent results in an extremely severe and obstinate case, which had resisted nearly all the usual remedies. For *Lead-Colic*, see the next Section.

Accessory Means.—Hot flannels over the abdomen; or a *copious enema of warm water*, is often followed by immediate relief. Food of a flatulent character, especially vegetables, and every kind that has been found to disagree with the patient, should be avoided. Persons subject to Colic may be benefited by wearing a piece of flannel around the abdomen, and having the feet well protected from damp.

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## 161.—Lead-Colic (*Colum ex plumbo*).

Causes.—All the preparations of lead do not equally favour the development of Colic, the oxide of lead and white-lead being especially apt to induce it. The most dangerous modes by which lead is introduced into the system are its absorption by the respiratory apparatus, as by the continued inhalation of the dust or vapour of lead by workmen, and by taking food with hands soiled with that form of the poison they are in the habit of using; this explains why workers in lead-mines, and in white-lead factories, painters, potters, type-makers, and others, are particularly liable to Lead-colic. Less frequent causes are—indulgence in snuff wrapped in tinfoil, wine sweetened by sugar-of-lead, the preparation of food in leaden vessels, or in vessels badly glazed, and water contaminated by passing through leaden pipes.

Lead-colic has also been observed in cows feeding on the fields of the neighbourhood of the Scottish lead-mines, and

in animals drinking water from rivers which originate in lead-mines.

TREATMENT.— *Opi., Alum., Bell., Plat., Podoph.*, or *Ac.-Sulph.* For detailed treatment, see the Chapter on Poisons.

PREVENTION.—As a prophylactic measure, and a *conditio sine quâ non* of complete recovery, change of occupation is necessary. It is important to observe that some persons are much more readily affected than others, and if one member of a family suffers from Anæmia, nervousness, and debility of the upper extremities, while the others are in apparent health, the blue line on the gums should be looked for, and the condition of the water-supply, and other possible means of lead-poisoning, carefully inquired into.

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## 162.—Constipation (*Alvus adstricta*)—Confined Bowels.[1]

DEFINITION.—A collection or impaction of excrement in the rectum—the residuum of the various processes concerned in the nourishment of the body[2]—occasioning irregularity in the evacuations from the bowel, increase in their consistence, and often a sensation of fulness and tension in the bowel and surrounding parts.

CONSTIPATION AND PURGATIVES. — While we admit that Constipation is not desirable, and may almost invariably be avoided by such measures as are pointed out further on, yet a tendency thereto is not so prejudicial as many persons suppose; indeed, persons thus predisposed are generally long-lived, unless they injure themselves by purgative medi-

[1] See *H. World*, v. vi. p. 80; v. ix. p. 3.

[2] It has been estimated that the food taken *per diem* is about thirty-five ounces, thirty of which are assimilated, and five left as true excreta.

cines;[1] while those who are subject to frequent attacks of Diarrhœa are soon debilitated. A daily action of the bowels is no doubt desirable in most cases, but by no means invariably so. An evacuation may take place daily, or every second day, or even every third day, in persons who are equally healthy, no invariable rule applying to all persons. The most erroneous and dangerous idea on this subject is that extremely popular one,—that aperient drugs contribute to health, not only during sickness, but also occasionally in health, inasmuch as impurities are thereby expelled from the body. The fallacy of this may be easily demonstrated: Let purgatives be taken for a week, and however good may have been the health previously, at the termination of this period very much "impurity" will be discharged, especially after taking *jalap* and *calomel*.

Aperients during sickness are also most injurious: while "temporary relief is afforded by powerful purgatives, the delicate mucous membrane of the intestinal tract is weakened thereby, a sort of chronic Catarrh is induced, and the very condition sought to be removed is aggravated tenfold" (*Habershon*).

Purgation produced by drugs is an *unnatural condition*, and although temporary relief often follows the use of aperients, they tend to disorganise the parts on which their force is chiefly expended. The intestinal canal is not a smooth, hard tube, through which can be forced whatever it contains without injury; it is part of a *living organism*, and needs no force to propel its contents on their way; nor can such force be applied with impunity. Not only does the frequent use of purgatives over-stimulate the liver and pancreas, but also and especially the numerous secretory glands which cover the extensive surface of the intestinal canal, forcing them to pour out their contents in such

[1] See illustrative cases in the *H. World*, v. iv. pp. 6, 227.

excessive quantities as permanently to weaken and impair their functions, and so produce a state of general debility. The normal action of the stomach and intestinal canal being thus suspended, nausea, vomiting, griping, and even fainting are produced. The brain and vital energies are disturbed, occasioning lowness of spirits with Melancholy, alternating with mental excitement and peculiar irritability of temper.

An important end will be gained when persons can be led to regard Constipation as a mere result of other causes—a want of balance in the general system; and when general and remedial measures shall be directed to the correcting of this condition as the only adequate means of curing Constipation.

*The "Lancet" on Purgatives.*—In a leading article (October 1st, 1870), the *Lancet,* after strongly denouncing the too prevalent custom of indiscriminate purgation, cites the following conditions as illustrations of what purgatives cannot accomplish. It will be noticed that these are the very conditions in which orthodox (?) medicine has with the greatest uniformity and pertinacity prescribed them. The editor of the *Lancet* now affirms that (1) *Purgatives cannot eliminate morbid poisons.* They have no power, except for evil, in the eruptive fevers, including Typhus and Enteric. (2) *They cannot remove a clot on or in the brain.* Apoplexy is now known to depend on degeneration of the blood-vessels, which purgatives might damage, but could not possibly benefit. 3) *Purgatives cannot overcome a mechanical obstruction of the bowels.* After this emphatic statement, printed in italics, we are surprised the writer should have added—"In cases of such obstruction they (purgatives) should be given most cautiously, and in such forms and doses as to irritate as little as possible." If they cannot overcome the obstruction, why should they be administered at all? Why should *any*

irritation be superadded to the evil which threatens to overwhelm the patient? (4) *They are unnecessary in the case of lying-in women.* The tendency of purgatives is to weaken the patient, lessen the amount of milk, and retard the restoration of the parts by disturbance. Even when laxatives are necessary in the lying-in chamber, adds the editor of the *Lancet, Castor-oil* should be given in teaspoonfuls rather than in half-ounces. This is right good teaching, and we hail it as a most encouraging evidence of the permeating influence of the doctrine and practice of Homœopathy.

*Constipation in Old Age.*—Daily evacuation, which is the rule in youth and middle life, is often an excess in advanced life, when three or four times a week is sufficient. It is desirable that this physiological fact should be known, as old persons often trouble themselves needlessly on this point. If Constipation give rise to any inconvenience in the aged, it is best met by oleaginous articles of diet—butter, fat bacon, etc., which should be taken as largely as can be digested.

Symptoms.—Headache; feverishness; pressure or distention in the stomach and bowels; urging and repeated but fruitless efforts to evacuate the contents of the bowel, or complete torpor without desire; pulsation or pain in the abdomen; Piles and Varicose veins; uneasy breathing, disturbed sleep; depression of mind; etc. If Constipation be persistent, it may be attended with vomiting.

Causes.—In most instances, Constipation depends upon some faulty habit in the patient, the regulation of which will probably in every case suffice to remove this condition. The following are a few of the faults in question. Sedentary habits; smoking tobacco; drinking too much beer, port wine, or tea; dissipation; the exclusive use of superfine flour; taking food too dry and too destitute of succulent vegetables; neglect in attending to the calls of nature to relieve the bowels; loss of tone in the mucous lining of the

bowels from the use of purgatives. Sometimes Constipation is the result of disease in other parts—disease of the liver, brain, or spinal cord, or their membranes. Here, again, the remedy must be directed to the cure of the disease, if that be possible, rather than to the simple removal of one of the symptoms to which it gives rise.

Treatment.—The following remedies, it should be distinctly borne in mind, are not intended merely to "*act upon the bowels,*" but to correct the derangement upon which the Constipation depends.

Epitome of Treatment.[1]—

*Chronic Constipation.*—Sulph.; Plumb. (*with Colic*); Opi. (*with drowsiness*); Nux V. (*with Headache, and ineffectual urging*); Bry. (*with throbbing Headache and torpor of the bowels*); Lyc. (*with flatulence*); Hydras. (*simple cases*); Alum. (*dry, pale motions*); Æscul., Aloes, *or* Collin. (*with Piles*); Nat.-Mur., Podoph., Sep., Carbo V., Ver.-Alb. *Ac.-Nit.* is strongly recommended by Dr. Dyce Brown and others.[2]

Leading Indications.—

*Nux Vomica.*—Constipation occurring in connexion with other affections; habitual Constipation, *with frequent ineffectual efforts* to stool; also with nausea, *congestive Headache*, ill-humour, and uneasy sleep. It is especially useful when the affection is consequent on Indigestion, the use of alcohol, tobacco, or coffee; for persons who take too little open-air exercise; and for students and literary men.

*Bryonia.*—Chilliness; *throbbing Headache;* pain in the region of the liver; also in persons having a tendency to *Rheumatism;* and when there is no inclination to stool.

*Opium.*—Complete *torpor* of the bowels, especially after unsuccessful remedies, and when the motions are hard and lumpy, with Headache, drowsiness, dizziness, congested face, and retention of urine. *Opium* is well adapted to the aged,

[1] See *H. World*, v. iv. pp. 6, 80, 199, 227; v. ix. p. 3.

[2] V. ix. pp. 171, 243.

and to persons of a *torpid* or plethoric temperament, who do not readily respond to other remedies.

*Lycopodium.*—Rumbling and *flatulence;* full, distended abdomen; Heartburn; water-brash; difficult evacuations.

*Hydrastis.*—Simple chronic Constipation. *Hydras.* gives *tone* locally and generally.

*Plumbum.*—Obstinate cases, *as from palsy of the intestines,* either painless, or with severe Colic; unsuccessful efforts to evacuate, with a painful, constricted feeling about the anus; the motions are dark, and passed in *small balls.* For persons of a paralytic diathesis it is strongly indicated.

*Ignatia.*—Constipation with *Prolapsus* of the rectum on slight efforts to evacuate; creeping, itching sensation in the rectum, as of thread-worms.

*Veratrum Alb.*—A paralysed state of the rectum, with dryness of the bowels.

*Nat.-Mur.*—With despairing mood, dryness and soreness of mouth, slight Ulcerations of the tongue.

*Sulphur.—Habitual Costiveness,* with flatulent distention of the abdomen, *Piles,* etc. As an intercurrent remedy it acts like *Opium,* but having a wider sphere, and being useful in numerous forms of disease, it is of far greater value.

*Aconitum.*—Constipation during acute disease.

Diet and Accessory Measures.—Meals should be taken with regularity, animal food eaten sparingly, but vegetables and ripe fruits freely. Coarse oatmeal porridge, with treacle, may be taken for breakfast; and *brown bread should always be preferred to white.* If brown bread be not eaten exclusively, a little should be taken with nearly every meal; its effects will thus be more uniformly exerted through the alimentary canal than if only taken occasionally. Water is an extremely valuable adjunct, both as a beverage and for external use. For tea and coffee, cocoa from the Nibs may be substituted with great advantage. Spirituous liquors, highly-seasoned food, and late suppers, should be strictly avoided.

*Walking-exercise* in the country, with the mind unencumbered, is useful, particularly in the morning; but it should not be carried to the point of inducing fatigue or much perspiration. *Frictions* over the abdomen, by towels, horse-hair gloves, or the hands, are frequently of great utility; they tend to rouse the paralysed action of the bowels, and to dispel accumulations of flatulence.

The *Abdominal Compress* (see Sec. 28) is extremely valuable in correcting Constipation, and in obstinate cases may be worn day and night. It should not be used by aged and weakly persons, in whom there does not exist vital energy sufficient to excite reaction, or when the wet linen continues to feel cold long after it has been applied. In other cases the chill produced by the sudden application of the wet cloth rapidly disappears, and in from five to ten minutes a comfortable warmth results, proving its suitability to the patient.

*Regular Hour.*—Regularity in attending to the calls of nature should be observed, as there is probably no function of the animal economy more completely under the influence of habit than the one in question; nor is there any that may be more effectually deranged through the influence which the will can oppose to it. By fixing the mind on this operation for a short time, the bowels will at length respond, and a habit become established which will tend to procure both comfort and health.

*Injections.*[1]—In obstinate, protracted Constipation attended with feverishness, and hardness or fulness of the bowels, and when it is ascertained that the lower bowel is obstructed with fæcal matter, too large or too hard for discharge, and the means before suggested have not proved at once effectual, the Enema may be used as an almost certain means of obtaining temporary relief. The injection should consist of about a pint of tepid water, which should be carefully and slowly injected

[1] See *H. World*, v. ix. p. 4.

up the rectum by means of the Enema syringe. Unirritating in its operation, and acting directly on the seat of obstruction, an injection is far preferable to deranging the whole alimentary tract with strong drugs, which excite violent action only to reduce it to a state of greater debility and torpor than existed before.

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## 163.—Fistula in Ano (*Fistula in ano*).

Definition.—A Fistula in ano is a narrow pipe-like track, lined by an imperfect mucous membrane, secreting pus, having a narrow callous opening, situate within a short distance of the verge of the anus.

Varieties.—(1) The *complete* Fistula communicates at one extremity with the interior of the rectum, and at the other opens through the skin, and is most common. (2) The *blind external* Fistula only opens through the skin, and does not admit of the penetration of a probe into the interior of the bowel. (3) The *blind internal* Fistula is not so readily detected, but is indicated by pain at stool, and discharge of blood and pus with the fæces; it may also be detected by a finger or probe, or seen by a speculum, about an inch to an inch and a half within the rectum.

Causes.—Fistulæ originate in Abscesses, which are prevented from healing by the movement of the *sphincter ani* and the bowel itself; or by the ulceration of the mucous membrane of the rectum, and generation of fæculent fluids and gases, which gradually excite progressive ulceration towards the surface. The disease is frequent in consumptive patients, probably from deposit of tubercle under the mucous membrane of the rectum, or from the areolar tissue about the rectum losing its fat, and falling into a watery, unhealthy condition.

Symptoms.—There first appears on one side of the rectum a small hard lump, which, as it continues to enlarge, occasions considerable pain, and not unfrequently much constitutional disturbance. The surrounding parts soon become much swollen, the skin red, and suppuration quickly follows. During the formation of the Abscess, the patient complains of pain in passing his motions, which are sometimes slightly tinged with blood. Great relief follows the discharge of the Abscess, which is generally most offensive, and the swelling subsides; but there still remains a small opening near the anus, and upon pressure, a hardened track may be felt, leading towards the bowel. This is the Fistula. The external orifice of the Fistula is often very small and difficult to find in the folds of the thin skin near the anus, and is sometimes concealed by a papilla.

Treatment.—The administration of one or more remedies will aid the cure of Fistula, and in many cases, as we have found in practice, renders the usual severe operation unnecessary. Several bad cases, previously under the care of allopathic surgeons, by whom operations were said to be absolutely necessary, we have completely cured by such remedies and measures as are here prescribed. In one case it was arranged for a London surgeon to operate, but as it was inconvenient for the patient to leave his engagements for some weeks, we were requested to undertake the case in the meantime, and when the period for the operation arrived it was no longer necessary. This is now eight years since, and the patient, whose family remains under our care, has had no return of the Fistula (*Dec.* 1874).

The following are the chief medicines, the choice from which must be made according to the general symptoms and condition of the patient:—*Sil.*, *Calc.-Phos.*, *Lyc.*, *Caust.*, *Nux V.*, and *Sulph.* At the same time, *local* applications of *Hydras.* or *Calend.* are useful to assist the curative process.

Accessory Means.—The early opening of any swelling which indicates the presence of an abscess in the vicinity of the anus. A poultice before and after the incision may be necessary. Subsequently, frequent washings with tepid water; the sitz-bath; and injections as directed in the following Section, afford comfort to the patient, prevent the extension of the disease, and favour a radical cure. Nourishing, digestible diet, abundance of fresh air, and general good hygienic conditions, are necessary to increase the reparative powers of the system.

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## 164.—Hæmorrhoids (*Hæmorrhoïdes*)—Piles.

Definition.—Small Tumours, consisting of folds of mucous and sub-mucous tissue, in different stages of congestion, inflammation, or permanent enlargement, situated within or just outside the anal aperture, and originating in dilatation of the hæmorrhoidal veins.

Piles are of a pink or purplish hue, forming one or more distinct pendulous tumours, varying from the size of a pea to that of a damson or walnut, are often intensely painful, and constitute the most frequent disease of the anus. They are seated in the vertical folds of the mucous membrane which lines the bowel; that portion of membrane which invests them being extremely vascular, numerous minute vessels of brighter colour than the body of the Piles may be seen ramifying on the surface.

Varieties.—Piles are classified as (*a*) *internal* and (*b*) *external*, according as they are situated within or without the sphincter. The *external* are covered by skin; they vary in number from one to several clustering together like a bunch of grapes. The *internal* are covered by mucous membrane, and are always within the bowel; they are very liable to

bleed, especially during the passage of fæces. The blood thus lost is of a bright-red colour (being arterial), proceeds from the capillaries of the vascular surface of the Tumours, and varies in quantity from a few drops to such a profuse discharge as to be truly alarming; if Hæmorrhage be long continued, an anæmic condition is induced that is highly prejudicial to the constitution.

Piles that do not bleed are called *blind;* this variety is prone to Inflammation, when they become tense, appear ready to burst, and are so excessively sensitive that the patient can scarcely sit, walk, or lie.

Symptoms. — These vary considerably according to the amount of inflammation present. When the Piles are indolent, the chief inconvenience arises from their bulk and situation; or from their getting within the sphincter muscle, occasioning more or less pain when the bowel is acting, prolapse, and often a sense of weight and discomfort which quite unfits the mind for continuous thought. But when inflamed, or, in common language, "during a fit of the Piles," there are pricking, itching, shooting, or burning pains about the anus, increased on going to stool, and a feeling as if there were a foreign substance in the rectum. After emptying the bowel, there is often painful straining, as if it were not emptied, occasioned by the Piles or the elongated mucous membrane to which they are attached being protruded during the expulsion of fæces, and, not being replaced sufficiently quick, are grasped and constricted by the *sphincter ani*, the function of which is to close the aperture of the bowel after defæcation. This condition is greatly aggravated if the patient stand or walk much after going to stool, or if the bowels are constipated, so that the rectum is much distended or the fæces become hard. If proper remedial measures be not adopted, the inconveniences and suffering become seriously augmented, the general health implicated, the patient

loses flesh and strength, and the countenance wears a care-worn expression.

Causes.—The *predisposing causes* are—a general plethoric condition of the system, or any circumstances which determine blood to, or impede its return from, the rectum; such are *sedentary habits; luxurious living*, especially the use of highly-seasoned food, wines and spirits; tight-lacing; pregnancy; confined bowels; and diseases of the liver. Residence in moist, warm, and relaxing climates; soft, warm beds or cushions, and over-excitement of the sexual organs, may also be classed among predisposing causes. The *exciting causes* include anything which irritates the lower bowel, such as straining at stool, hard riding, and the use of drastic purgatives, especially *Aloes* and *Rhubarb*.

Probably the most potent causes of this disease are the indolent and luxurious habits of the wealthy, which, by diminishing tone, occasion plethora and a tendency to abdominal Congestion. Accordingly we find Piles much more prevalent among the wealthy than among the industrial and frugal classes.

Age and sex appear to exercise considerable influence on this disease. In early life, it is probably much more frequent in young men than in young women. The comparative exemption of young women is readily accounted for by the regular action of the catamenial function, which probably obviates Congestion that might otherwise occur. At a later period, after the cessation of the menses, or during the pressure of the gravid uterus in pregnancy, Congestion is apt to occur in certain neighbouring organs, and so give rise to Piles (see the "Lady's Homœopathic Manual").

Epitome of Treatment.[1]—

1. *Ordinary cases, and from luxurious or sendentay habits.*—Nux V., Sulph., Podoph.

[1] See *H. World*, v. iv. p. 103; v. v. p. 72.

2. *From Constipation.*—Sulph., Æscul., Nux V., Collin., Carbo V.

3. *During pregnancy.*—Aloes, Collin., Nux V.

4. *Bleeding-piles.*—Ham., or Sulph. (*dark blood*); Æscul., Aloes, Acon. (*excessive bleeding*); China (*after losses of blood*).

5. *Blind-piles.*—Nux V. in alternation with Sulph.; Acon. (*great pain*); Caps. (*burning and itching*).

6. *White-piles—discharges of mucus.*—Merc. (*with excoriation*); Acon. (*frequent discharge of white mucus*).

7. *Chronic.*—Ars. (*in emaciated persons*); Ferr. (*cachectic constitutions*); Ac.-Nit., Sulph., Hep.-S.

8. *Suppressed.*—Acon., Puls., Sulph.

LEADING INDICATIONS.—

*Nux Vomica.*—Piles in patients of *sedentary habits*, or from luxurious living, indulgence in stimulants, or depressing mental emotions; Constipation, with *ineffectual urging;* Prolapsus, or loss of power of the muscular structure of the bowel. *Sulph.* may advantageously follow this remedy, a dose being given morning and night for four or five days; or *Sulph.* and *Nux V.* may be given in alternation, the former in the morning and the latter at night.

*Hamamelis.*—*Bleeding-piles*, or only a varicose condition of the hæmorrhoidal veins, particularly with a varicose state of the veins of the lower extremities. For cases in which there is considerable loss of blood, it should be used both internally and externally, a *lotion* being made by adding thirty drops of the strong tincture to four ounces of water, and applied by means of two or three folds of linen, covered with oiled-silk, and renewed several times daily.

*Æsculus.*—*Bleeding*-piles, with much *pain in the rectum*, and also in the *back and loins.*

*Collinsonia.*—Piles associated with Constipation.

*Aconitum.*—An inflamed condition, with *feverish restlessness*, a sensation of heat, and discharge of mucus or blood. For

the *excessive pain* often associated with Piles, besides its internal use, *Acon.* may be used as a *lotion.*

*Arsenicum.*—Burning sensation, and sometimes a feeling compared to passing red-hot needles through the Piles, with *intolerable pain* in the back, protrusion of the Tumours, and *prostration of strength.*

*Sulphur.*—This remedy is justly regarded as one of the most valuable in every variety of Piles, especially in *chronic* cases, occurring in scrofulous individuals, and associated with *Constipation,* or thin evacuations mixed with blood.

Diet and Accessory Means.—Patients should avoid coffee, pepper, spices, stimulating, highly-seasoned or indigestible food of every kind, and the habitual use of beer, wine, and spirits. Light animal food, a liberal quantity of well-cooked vegetables, and ripe and wholesome fruits, form the most suitable diet. During an attack of Piles, animal food should be sparingly used. Over-eating or drinking causes engorgement of the portal vein, and Piles are the common result. The application of this remark is self-evident.

Sedentary habits and much standing, on the one hand, and extreme fatigue on the other, are prejudicial; as also is the use of cushions and feather beds. The pain attending *Blind-piles* may be relieved by ablution in cold or tepid water, whichever is found more agreeable. *Bleeding-piles* may be relieved by drinking half a tumbler of cold water, and then lying down for an hour. The horizontal position should be maintained as much as possible, that being most favourable to recovery. When Piles protrude, the use of *petroleum-soap* is recommended.

Injections.—Great relief and permanent benefit will also follow an occasional injection of about a pint of tepid water up the lower bowel. This acts beneficially, by constricting the blood-vessels, softening the fæces before evacuation, and by giving tone to the relaxed structures. Injections of water

are also of service after each evacuation, when any fæculent matter remains; at the same time the application of water exercises a most favourable influence on the blood-vessels and nerves of the bowels. As a rule, tepid injections are most suitable for patients of a full habit of body, and cool ones for those of relaxed constitutions.

When Piles are excessively sensitive or painful, the patient should sit over the steam of hot water, keep his bed, or recline during a great part of the day on a couch. Strict cleanliness is also essential. The parts should be frequently washed with soap and cold water; or, when the Tumours are inflamed and painful, with tepid water. A piece of sponge and tepid water should in such cases be substituted for paper. A warm or vapour-bath (see Sec. 26) may be occasionally used at night, when the liver is inactive and the skin dry and harsh. It should be followed in the morning with a cold bath, or the body should be rapidly rubbed, first with a wet cold towel, and then with a dry one.

The *Abdominal Compress* (see Sec. 28) is strongly recommended as *preventive* of Piles, and should be adopted directly the first symptoms are felt; also as a *curative* measure in connection with others pointed out.

Another important point for patients troubled with Piles is, that the habit should be acquired of going to stool at night, immediately before retiring to bed, instead of morning, so that the horizontal position may favour the early subsidence of the Tumour, instead of its remaining in an inflamed and prolapsed condition, to the great annoyance and distress of the patient, and to the permanent injury of the parts.

Surgical measures are sometimes necessary; but, happily, these are rarely required under homœopathic treatment, the most inveterate cases generally yielding to our prescriptions without the use of the *knife*, the *ligature*, or *Nitric Acid*.[1]

[1] See *H. World*, v. ix. p. 114.

## 165.—Pruritus Ani (*Pruritus Ani*)—Itching of the Anus.

Definition.—A peculiar itching of the anus, at first of a voluptuous character, but afterwards violent and almost unbearable.

Symptoms.—Crawling, tingling, irritating sensations about the anus, often most troublesome at night, as the patient gets warm in bed, and preventing sleep. It is frequently complicated with an excoriated or fissured condition of the anus.

Causes.—Irritation of Piles; Worms; Pediculi; habitual taking of opium or chloral; lodgment of fæces; suppressed period, or any suddenly-suppressed discharge or cutaneous eruption. Frequently, itching of the anus is only a symptom of disease of the liver, of some portion of the digestive apparatus, especially the rectum, or of some part in immediate proximity thereto. The primary cause must, therefore, be obviated.

Treatment.—*Sulph.*, *Ac.-Nit.*, *Lyc.*, *Ant.-C.*, *Ars.* The selection of the remedy must be guided by the cause of the affection and by the symptoms present. The local use of dilute *Carbolic Acid* (five drops to the ounce of water) generally gives great and speedy relief. Dilute *Ferri Tinct.*; or a lotion of Borax ʒiij, dilute Ac.-Hydrocy. ʒj, and rose-water ʒx, have been found useful. See "Piles," "Worms," or "Indigestion."

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## 166.—Prolapsus Ani (*Prolapsio ani*)—Falling of the Bowel.

Definition.—A protrusion of the mucous lining of the rectum through the anal orifice, after the action of the bowel, which goes back of itself, or is easily replaced. In severe cases, the protrusion takes place from walking, riding, or

even too long standing, and can only be replaced with difficulty. In complicated cases, a portion of the muscular structures of the rectum is protruded with the mucous membrane.

Causes.—Long-continued Constipation or Diarrhœa, purgatives, straining excited by the presence of Worms, Stone in the bladder, etc. General laxity of structure may predispose to the complaint, or, at any rate, aggravate the causes already indicated.

Treatment.—*Ignatia*—Is often specific, and is generally the first to be used, especially for infants and children. The indications are—*frequent ineffectual urging to stool,* straining, difficult passage of fæces, itching, and Prolapse of the bowel. A dose thrice daily, for two or three days; afterwards, morning and night.

*Nux Vomica.*—Prolapsus, with *costiveness* and straining at stool, for patients of vigorous constitution.

*Mercurius.*—Prolapsus, with *itching,* discharge of a yellowish mucus (*White-Piles*), and *Diarrhœa;* hard, swollen abdomen.

*Podophyllum.*—Prolapsus accompanying Diarrhœa, with *straining and offensive stools;* irritation from teething, etc.

*Lycopodium.*—*Obstinate cases,* and when other remedies only partially cure.

*Sulphur.*—For similar conditions.

*Gamboge, Calc.-C., Sep., Ars.,* and *Bry.,* are additional remedies.

Accessory Measures.—Two points must be steadily kept in view:—*The return of the Prolapse, and the removal of the cause.* The protruded part should be replaced with the forefinger, previously lubricated, carrying it beyond the contracting ring or sphincter muscle of the anus. As long as the complaint continues, the patient should lie down for a short time after the action of the bowels, so as to favour the com-

plete return of the protruded part. Bathing the parts, and the body generally, every morning in cold water, and occasional injections of cold water, help to impart tone to the relaxed structures. The *diet* should be plain and nourishing, and include such varieties of food as favour the healthy action of the bowels. If, as is most frequently the case, Indigestion, Constipation, or Worms cause the complaint, the treatment recommended in the Sections devoted to those disorders should be carried out.

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## 167.—Hepatitis (*Hepatitis*)—Inflammation of the Liver.

Acute Inflammation of this organ is not frequent in this country, although it is very common in tropical climates.

Symptoms.—The disease is usually ushered in by rigors, which are quickly followed by hot skin, thirst, and scanty urine; sometimes nausea and vomiting; white- or yellow-furred tongue; bitter taste; pain more or less severe in the region of the liver, aggravated by pressure, deep breathing, or coughing, and extending to the top of the right shoulder; fulness, from enlargement of the organ; a yellow tinge of the conjunctivæ, and often a general jaundiced state of the skin; the breathing is short and thoracic, being performed almost entirely by the intercostal muscles; sympathetic Cough and vomiting. The fever sometimes assumes a typhoid character.

The symptoms vary, however, according to the portion of the gland implicated in the inflammatory process. When the disease is in the convex side of the liver, it is accompanied by a burning, stitching pain in the right side, which extends into the chest, under the collar-bone, between the shoulder-blades, to the top of the right shoulder, and sometimes down

the arm, and is aggravated by external pressure. If the Inflammation be in the inner portion of the liver, there will be the symptoms already indicated,—saffron-coloured urine, yellow colour of the eyes and skin, etc. If the substance of the gland be involved, the pain is of a dull, tensive character; if the thin serous covering which invests the organ, the pain is sharp and lancinating. Whatever part of the liver is diseased, increased secretion of bile, some degree of Jaundice, dyspnœa, Cough, etc., are present.

Terminations.—1. *Resolution.*—This is indicated by an amelioration of the febrile symptoms, copious perspiration, and an abundant deposit in the urine. 2. *Abscess.*—Matter forms, sometimes enclosed in a cyst, at other times diffused, the patient experiencing throbbing, pulsating sensations in the part, with the general symptoms of Hectic fever, the Abscess discharging itself into the stomach, duodenum, or colon, or externally by perforation of the chest or abdominal wall. 3. *Enlargement.* (See next Section.)

Causes.—In India, the disease is most frequent, from the climate and diet not suiting European constitutions, and is seated in the substance of the liver: in this country it arises from Cold, nervous depression, pregnancy, drunkenness, and other causes, and is then usually seated in the peritoneal covering, resembles Pleuritis, and ends in adhesion to the diaphragm or other adjacent parts.

Epitome of Treatment.[1]—

Acon.[2] (*fever*); Bry. in alternation with Merc. (*after the fever is abated*); Hep.-S. (*if Abscess form*); Coni., Phos., Nux V., Cham.

Accessory Means.—When there is severe pain, the whole of the affected part should be covered with two or three thicknesses of linen, squeezed out after immersion in a lotion

[1] See *H. World*, v. v. p. 11. [2] V. ii. p. 153.

of half a drachm of the strong tincture of the root of *Aconitum* to half a pint of *hot* water, and covered with oiled silk and flannel, or spongio-piline.

See also "Accessory and Preventive Means" in next Section.

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## 168.—Simple Enlargement of the Liver (*Amplificatio simplex jecinoris*)—Congestion of the Liver—Liver-Complaint.[1]

Symptoms.—Fulness on the right side in the region of the false ribs; sense of weight on assuming the upright posture; uneasy sensation when the part is pressed upon; the complexion may be pale, sallow, or dusky; the tongue coated; the bowels constipated; the appetite faulty; and there may be nausea, Vomiting, headache, languor, lassitude, and depression of spirits. The pulse is usually slow and irregular.

Causes.—Sudden chills; *too abundant, highly-seasoned, stimulating diet; the habitual use of alcoholic drinks;* anger, or other mental influences; excessive bodily exercise in the heat of the sun. Hepatitis is also an occasional cause. It is a very common disease, and Dr. Budd thus accounts for its frequency: "Amid the continual excesses at table of persons in the middle and upper classes of society, an immense variety of noxious matters find their way into the portal blood that should never be present in it, and the mischief which this is calculated to produce is enhanced by indolent or sedentary habits. The consequence often is, that the liver becomes habitually gorged. The same, or even worse effects, result in the lower classes of our larger towns, from their inordinate consumption of gin and porter."

Functional derangement, with suppressed secretion, some-

[1] See *H. World*, v. vii. pp. 105, 128, 152, 179; v. viii. pp. 173, 280; v. ix. pp. 34, 58, 78, 85, 111, 176.

times accompanies congestion of the gland. Dram-drinking often leads to a hard, contracted condition of the liver, called *Cirrhosis*, or *hob-nailed liver*, and dropsy and death ensue.

In some parts of India, entozoic influence may be at work in the production of hydatid disease of the liver, or other diseases of the same class, more generally than is supposed (*Parkes*).

Epitome of Treatment.—

1. *Enlargement of the liver.*—Phos., Merc., Ac.-Nit., Agar., Ars., China (*after fever and ague*).

2. *Heptalgia* (*pain in the liver*).—Acon. (*hard-aching, or shooting pains after exposure*); Bry. (*tensive and burning, or stinging pains, and in rheumatic persons*); Merc. (*dull pain*); Sabad. (*dull, scraping sensation*).

3. *Biliousness.*—Bry. (*vomiting of bile and mucus*); Nux V. (*from stimulants and over-feeding; also when associated with Piles*); Sulph. (*Constipation*); Merc. (*white, costive stools, and depression*); Acon. (*bilious attack from cold*); Cham. (*from anger*); Iris (*sick-headache*); Lyco., Hep.-S., Puls., Podoph., Chel., Tarax.

4. *Bilious Diarrhœa.*—Podoph. (*with bitter taste and dark urine*); Iris (*in hot weather, with vomiting*); China (*simple cases; and in summer*); Cham. (*in children and females, also when caused by passion*).

5. *Dropsy of the abdomen from Cirrhosis.*—Crot.-Tig., Ars., Ac.-Nit.

Leading Indications.—

*Bryonia.*—Enlargement and hardness of the liver, with shooting, stinging, or burning pains, increased on pressure, and Constipation, without inclination for stool. *Bry.* often acts better in such cases when alternated with *Merc.*

*Mercurius.*—Dull, pressive pain, which prevents the patient from lying long on the right side; yellow tinge of the "white" of the eyes; sallow skin; shivering, followed by

profuse clammy perspiration; loss of appetite; foul taste in the mouth; Constipation of the bowels, with white stools; or relaxation, with bilious motions. *Merc.* is one of the best hepatic medicines in simple cases. (See also *Bry.*) But patients who have been dosed largely with *Mercury* should select *Hep.-S.*, especially when the stools are *clay-coloured.*

*Nux Vomica.*—Liver-derangement from the use of intoxicating drinks, excessive or stimulating food, sedentary habits, or nervous exhaustion, with Constipation, deep-red urine, etc. Also, when associated with Piles: in this case, *Sulph.* should be alternated with *Nux V.*

*Lycopodium.*—Sometimes required instead of, or after, *Nux V.*, when the latter is insufficient; *Constipation with flatulence;* continual pain in the right side and back.

*Chamomilla.*—Bilious attacks in women and children, from exposure to cold, or from anger; nausea or vomiting of bile, yellow-coated tongue, and sometimes bilious Diarrhœa.

*Aconitum.*—Sudden, *acute* bilious attacks, following chills, with febrile disturbance; threatening Jaundice; generally to be alternated with *Merc.*, unless allopathic doses of *Mercury* have been given, when *China* should be substituted.

*Podophyllum.*—Bilious vomiting, and Diarrhœa, with Prolapsus Ani; bitter taste; dark urine; sallow complexion.

*Arsenicum.*—Severe and chronic cases, with extreme weakness, burning pain, vomiting, and exhausting Diarrhœa.

*Chelidonium Majus.* — Chronic Liver-complaint; thick, yellow-coated tongue; nausea; dull headache; deep-yellow and thick urine; pain and fulness; constipated bowels.

*Ac.-Nit.* or *Phosphorus.*—Long-continued, obstinate cases, with Jaundice, more especially if there be reason to fear organic disease of the liver: the former if there be Dropsy; the latter if there be fatty degeneration, Cirrhosis, etc.

Accessory and Preventive Means.—*Rest* and *change* are most valuable, both as means of cure and prevention. The

burden of business and domestic cares should be removed for a time, and the monotonous scenes of everyday life exchanged for the hill-top and wild moorland; or at least the long hours of mental and physical exhaustion should be abridged, and more time allowed for the daily renewal of nervous energy. The patient should strictly avoid everything mentioned in a foregoing paragraph as "Causes," for wrong habits will render a cure impossible; on the other hand, self-denial, abstinence, and correct habits, in conjunction with the medicinal treament pointed out, will generally insure the most gratifying results.

To residents in India and other tropical climates, the foregoing remarks on diet and stimulants are especially appropriate. The food should be properly cooked, and the quantity taken should be proportioned to the amount of physical work and exercise.

With regard to the food supplied to soldiers not in action in India, two errors are committed: it is too much in quantity; and, in addition, there is a very large amount of condiment—spices and peppers—with it; articles which may be fitted for the rice and vegetable diet of the Hindu, but are particularly objectionable for Europeans.

The *Abdominal Compress* (see Sec. 28) is a most valuable adjunct in all liver affections; a cold salt-bath should also be used daily. Riding on horseback in the evening is beneficial; so also are Carlsbad waters.[1]

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## 169.—Jaundice (*Morbus regius*)—The Yellows.

The above terms are used to express conditions in which many of the tissues and fluids of the body become yellow,

[1] See *H. World*, v. ix. p. 41.

especially the whites of the eyes and the connective tissue of the body. Jaundice is often a symptom of some acute or chronic affection of the liver, rather than a disease *per se*.

Symptoms.—Yellow tinge, first of the whites of the eyes, then of the roots of the nails, and next the face and neck, and finally the trunk and extremities. The urine becomes yellow-coloured or deep-brown, and stains the linen; the fæces whitish or drab-coloured; there is Constipation; lassitude; anxiety; pain in the stomach; bitter taste; and, generally, febrile symptoms. Sometimes, especially in children, the bowels are relaxed from the food not being properly digested and occasioning irritation. There are also, usually, depression of spirits, prostration of strength, and slowness of the pulse. The presence of the yellow tint in the conjunctivæ and urine is very conclusive that the patient is suffering from Jaundice, and not merely from the sallowness of Anæmia. The addition of nitric acid to the urine changes it to a deep green colour. When there is obstruction from a *gall-stone*, the most acute suffering is induced; the pains come on in paroxysms, and are often accompanied by vomiting and hiccough.

Causes.—Jaundice, as pointed out by Dr. Budd, may be produced in two ways:—(1st) By some impediment to the flow of bile into the duodenum, and the consequent absorption of the retained bile; and (2nd) by defective secretion on the part of the liver, so that the constituents of the bile are not separated from the blood.

Derangement in the functions of the liver connected with the secretion of bile, consequent on atmospheric changes, dietetic errors, dissipation, fits of passion, etc., are frequent causes.

The excessive use of Camomile tea, *Quinine*, *Rhubarb*, or *Calomel*, in some fevers, may also be stated as a cause, as these drugs induce obstruction of the bile duct. Pressure of

the enlarged womb in pregnancy, or the growth of tumours, causing obstruction of the gall-ducts, are also occasional causes of Jaundice. But *sedentary occupations, mental anxiety,* and *high living,* are probably the most frequent. Cancerous disease of the liver, or of the gall-bladder, are sometimes associated.

Gall-Stones.—A not uncommon impediment to the flow of bile is the impaction of a *gall-stone* in the natural channels of the bile. A gall-stone consists of bile in a crystalline form, the solvent properties having been released. The pain attending the passage of gall-stones is very severe, commences suddenly, is constant for a time, and terminates suddenly, and is thus distinguished from *Colic,* and by the pains being of a more local character, and in the site of the gall-duct.

Epitome of Treatment.—

1. *Acute Jaundice.*—Acon., Merc., Nux V., Hydras. (Dr. Hale recommends five drops of the $\phi$ tincture); Cham.

2. *Chronic.*—Chel., Podoph., China, Dig., Ars., Phos., Ac.-Nit. See also the previous Section.

3. *Gall-stones.*—*Acon.,* and the application of a large hot compress over the seat of pain during the passage of a calculus through the gall-duct. *China* is said to dissolve them, and prevent their re-formation.

Leading Indications.—

*Aconitum.*—Jaundice, with symptoms of Inflammation, and great pain in the region of the liver.

*Mercurius.*—A valuable remedy, and often effects a speedy cure; it is especially useful after *Acon.*

*China.*—Jaundice from marsh miasmatic influences; with bilious Diarrhœa; and when the disease is *intermittent.* Persistently used, it prevents the recurrence of gall-stones.

*Nux Vomica.*—Jaundice with costiveness, sensitiveness in

the region of the liver, or from sedentary habits, or indulgence in stimulants.

*Chelidonium Maj.*—Jaundice, with pain or tenderness in the liver and right shoulder, deep-red, clean tongue, bitter taste; light-coloured, formed stools, etc.

*Phosphorus.*—Brownish-yellow skin and conjunctivæ; *frequent*, copious, *whitish-grey evacuations;* blackish brown urine; dejection and despondency; sometimes loss of voice, Cough, and other symptoms of *malignant Jaundice.*

*Arsenicum.*—Malignant cases, with typhoid symptoms, or great *emaciation. Ars.* is also useful for the Dyspepsia following an acute attack; for Jaundice from the free use of *Mercury;* and for obstinate cases from fever and Ague.

Jaundice during pregnancy, or from Cancer or other tumour of the liver, requires professional attendance.

Diet.—Light and digestible—chicken-broth; beef-tea; *toasted* bread, scalded with hot water, with a little sugar; roasted apples; and as much cold water as the patient desires.

Accessory Means.—Flannel squeezed after immersion in *hot* water, or a hot hip-bath, relieves pain. Jaundice from inactivity and chronic Congestion of the liver requires change of air and scene, travelling, *daily walking- or horse-exercise,* regular and temperate habits, and the use of the abdominal compress, as described in Sec. 28.

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## 170.—Peritonitis (*Peritonitis*)—Inflammation of the Peritonæum.

Definition.—Inflammation of the serous membrane which lines the abdomen, and invests and supports the viscera contained therein.

When the disease attacks parturient women it is termed

"Puerperal Peritonitis," and is often dangerously contagious among this class of patients (see "The Lady's Manual").

Symptoms.—Shivering and febrile disorder frequently, but not invariably, usher in the disease. There is a stitching, burning, and more or less constant pain, generally first felt below the navel, and soon extending over the entire abdomen; great sensitiveness, so that pressure of the bed-clothes becomes unendurable; the pulse is quick and small; and nausea, vomiting, and generally Constipation and Tympanites are present. The patient lies on his back with his legs flexed, so as to relax the muscles of the abdomen. When Peritonitis arises from perforation of the stomach or intestine, the pain is *sudden* and *intense*, the abdomen becomes excessively sensitive, and the patient is liable to succumb suddenly.

Causes.—Mechanical violence, as a kick, operations, etc.; sudden and excessive changes of temperature; errors of diet; frequent intoxication, the disease termed *Gin-colic* being really chronic Peritonitis. Inflammation of the peritonæum is often secondary to Enteritis, Hepatitis, Perforation of the intestine, or stomach, and obstruction of the bowel.

Treatment.—In uncomplicated Peritonitis the following treatment, if commenced early, will be rapidly curative. Owing to the complications which frequently arise, the disease should always be under professional care; for if the treatment be not efficient, and also prompt, the disease may become chronic, or suppurative; or *adhesions* may take place.

*Aconitum.*—Peritonitis *from cold*, with predominance of febrile symptoms. A dose every hour till relief is experienced. It is also required early in the disease, in alternation with any other remedy selected. A low dilution should be used.

*Bryonia.*—Stinging and burning pains, greatly increased on movement; Constipation, general uneasiness, etc.

*Mercurius Cor.*—Sallow skin, yellow-coated tongue, and

when Tympanites and Abscesses occur. It is especially useful in scrofulous patients.

*Belladonna.*—Brain disturbance—Headache, flushed face, throbbing, etc. A few doses usually suffice.

Accessory Means.—Hot fomentations to the abdomen to relieve pain; perfect quiet; frequent sips of cold water. Pieces of ice, sucked in the mouth, or *swallowed*, will assuage the vomiting. When the acuteness of the attack is passed, mild, unstimulating diet, and the use of the abdominal compress (see Sec. 28). In some cases cold compresses do more good than hot fomentations.

## CHAPTER X.

### Diseases of the Urinary System.

### 171.—Albuminuria (*Albuminuria*).

Definition.—A morbid condition of the urine, symptomatic of renal disease, but not always consequent on it, and characterised by the presence of albumen.

Albuminuria is not Bright's Disease. It is always associated with it, but may exist prior to and independently of any renal disease. If neither blood nor pus be present in the urine, but if nevertheless it be coagulable in even a considerable degree, thereby indicating the presence of albumen, it does not follow that there is any structural change in the substance of the gland. Albuminuria is frequently of neurotic origin, is a symptom of Exophthalmic Bronchocele (see Sec. 123), and is sometimes consequent on cold bathing.

Diagnosis.—Dr. Roberts has shown how to determine whether Albuminuria be consequent on renal disease, by

ascertaining—" (1) The temporary or persistent duration of the Albuminuria; (2) The quantity of the albumen present, and the occurrence and character of a deposit of renal derivatives; (3) The presence or absence of any disease outside the kidneys which will account for the Albuminuria." Though albumen is not a constituent of healthy urine, it may exist in the urine of healthy persons, or of persons whose health is only slightly and temporarily disordered.

Symptoms.—The quantity, density, and colour of the urine remaining at a healthy standard, the tests by heat and nitric acid show *intermittent coagulability.*

Causes.—Febrile and inflammatory diseases; visceral diseases; neurotic irritation; Dyspepsia; excessive albuminous diet, such as eggs; bathing in cold water. Dr. G. Johnson has shown that prolonged cold bathing may produce transient Albuminuria; and if such bathing be frequently repeated, the consequent repression of cutaneous secretion may lead to increased blood-pressure in the internal organs, and produce permanent mischief and structural degeneration of the kidney. It is probable that active swimmers are less likely to suffer than occasional bathers.

Epitome of Treatment. — Acon. (*incipient*); Ac.-Phos., Helon. (*from nervous irritation*); Lyc., Tereb. (*with urinary symptoms*); Ars., Apoc. (*Œdema and Dropsy*).

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## 172.—Nephritis (*Nephritis*)—Bright's Disease (*Morbus Brightii*).

Definition.—Nephritis is inflammation of the kidneys, producing a morbid condition of the gland and its secretions.

Bright's Disease is a morbid condition of the kidneys: the term is "generic," and includes "several forms of acute and

chronic disease of the kidney, usually associated with albumen in the urine, and frequently with Dropsy, and with various secondary diseases resulting from deterioration of the blood."

1. Acute Nephritis—acute Bright's Disease (*Morbus Brightii acutus*).

Symptoms.—Anasarca of the upper as well as the lower parts of the body—the hands and feet as well as the face being puffy and swollen; febrile symptoms—a dry, harsh skin; quick, hard pulse; thirst; and often sickness, from sympathy of the stomach with the kidneys. The skin is tense, with the infiltration of serous fluid through the subcutaneous areolar tissue, but it does not pit. There is frequent desire to pass water, which is scanty, highly coloured, or smoky-looking, albuminous, and of high specific gravity. If the urine be examined by the microscope, blood corpuscles may be seen in it, and granular casts of the minute tubes of the kidneys, consisting of numerous spheroidal tubes of epithelium, the kidneys being in an active state of congestion, if not of inflammation. If the urine be tested by heat and nitric acid, it will deposit *albumen*. This condition has been called *Desquamative Nephritis*, owing to the rapid separation of epithelium which goes on. The morbid anatomy of the kidney shows it to be small, hard, and granular.

As may be inferred from what has been stated, both a chemical and microscopical examination of the urine is necessary, and should be made frequently, to determine the progress or decline of the disease. Indeed, without the aid of the microscope, it is often quite impossible to detect the variety and stage of the disease.

The renal symptoms are sometimes complicated with Pleurisy, Pericarditis, or Peritonitis.

Causes.—The effects of fever, especially *Scarlet Fever*, exposure to wet and cold, the action of irritating drugs, alcohol, etc. Dr. G. Johnson found by an analysis of 200 cases, that

intoxicating drinks cause 29 per cent. of all cases, 25 per cent. are due to exposure, and 12 per cent. arise from Scarlet Fever. The digestive and secretory functions being impaired, the blood and nervous system become deteriorated, the balance in the circulation is lost, and the secretion of the kidneys is changed.

2. Chronic Nephritis — Chronic Bright's Disease (*Morbus Brightii longus*).

Symptoms.—Debility, general impairment of the health, and pallor of the surface, coming on insidiously, with pain in the loins, and frequent desire to pass water, particularly at night, the urinary secretion being at first increased in quantity. The patient's face becomes pallid, pasty, and œdematous, so that his features are flattened, and there is loss of appetite, acid eructations, nausea, and frequent sickness, which nothing in his diet can account for. His urine is found to be of less specific gravity than natural, as shown by the depth to which the urinometer sinks below its surface ; it is also albuminous and coagulable by heat and nitric acid. There is most albumen at the beginning of the disease, because the kidneys are more congested; but it is of lowest specific gravity at the end, when the urinometer may go down to 1·004, and then the quantity of urine is very small. At first the urine may be of a very dark or smoky colour, from containing blood corpuscles; but afterwards it becomes paler. The morbid anatomy of the kidney shows it to be large and white.

The disease progresses slowly ; but sooner or later there is *Anæmia*, in consequence of the tenuity of the blood from loss of its albumen, so that it is incapable of producing or maintaining the floating cells characteristic of healthy blood. Œdema of the feet and ankles is present, and, in advanced stages, there may be Ascites, or general Dropsy. But Dropsy is not invariably a very marked symptom of the disease ; it is sometimes scarcely observed, death arising from *Uræmia*—

accumulation of urea in the blood from inability of the kidneys to excrete it. The urea acts as a poison on the brain, producing Delirium, Convulsions, and Coma; and of Coma the patient dies. Sometimes, from the poisoned state of the blood, inflammation of a serous membrane arises, especially Pericarditis or Endocarditis, setting up valvular disease of the heart, and then the patient becomes extremely dropsical, and is carried off by Asphyxia, from a complication of heart and kidney disease. At this advanced stage the kidneys are found to be nearly white, or of the colour of a parsnip, anæmic, sometimes enlarged, and sometimes diminished in size.

Causes.—Chronic Nephritis often follows Acute Nephritis; sometimes it is a result of bad living, *intemperance*, constant exposure to wet; Struma, Gout. Workers in lead—painters and plumbers—are particular liable to the disease. It is a constitutional disease; both kidneys are equally affected, probably from some defect in assimilation or other minute changes in nutrition.

Treatment.—The morbid condition in the acute and chronic forms of this disorder is the same. In detail, therefore, the treatment must be strictly adapted to the peculiarities of individual cases. The results of the remedies and means employed must be tested at regular intervals by an examination of the urine. Patience is necessary; after carefully deciding as to the line of treatment, it must be steadily persevered in, as marked improvement can only be seen after considerable time.

Epitome of Treatment.—Acon. (*Incipient stage; feverish symptoms*); Tereb., Canth., Chel. (*acute stage*); Ars., Sulph. (*chronic*); Nux V., Kreas., Ac.-Nit. (*Dyspepsia*); Opi., Ferr. (*uræmic symptoms*); Nux V., Ars. (*from alcoholic drinks*); Ac.-Phos (*from suppuration or other cachexia*); Plumb., Colch. (*granular degeneration*); Ac.-Phos. (*amyloid degeneration*); Phos. (*fatty degeneration*); Apis,[1] Apoc., Asclep.-Tub., Merc.-

[1] See *H. World*, v. viii. p. 114.

Cor. (*in pregnancy and Scarlet Fever*); Ferr., Sulph. (*convalescence*).

Schmidt says he has obtained the most brilliant result by an exclusive milk-diet, when all other treatment had failed. An adult will sometimes take as much as a gallon in the twenty-four hours. It may be given cold or tepid, and from half a pint to a pint at a time. A preponderance of vegetable food, which makes less demand upon the secretory function of the kidneys than nitrogenous products, is likely to facilitate the success of remedial measures.

Accessory Means.—In the acute disease, warm-baths, or vapour-baths, should be had recourse to early, to promote the functions of the skin, lessen the Dropsy, and to carry off from the blood deleterious matters which may be retained in it by inaction of the kidneys. Vapour-baths are preferable to warm-baths, because they can be used at a higher temperature. The action of the bath may be much prolonged, and the bath in consequence rendered more efficacious, in the following manner. The patient is enveloped to the neck in a sheet wrung out of warm water, and three or four dry blankets are closely folded over it. He should be afterwards quickly dried, and wrapped up in blankets. If there be much Anæmia, warm baths should be employed with discretion. Further, to favour the free action of the skin, warm clothing—flannel and woollen garments—should be added, and chills and draughts guarded against. In chronic or convalescent cases, a healthy residence is necessary, including a sandy or chalky soil, and mild, dry air, so that out-of-door exercise may be taken. Patients with symptoms of Bright's disease should be encouraged to take abundance of open-air exercise as long as strength permits, chills and fatigue being guarded against. Bathing or cold sponging, and frictions with a sheet or bath-towel, tend to arrest the disease and invigorate the health. A continental residence is preferable in many

cases. By such means, and the administration of appropriate remedies, patients suffering from chronic disease of the kidney may live for years, enjoying the pleasures and fulfilling the duties of life.

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## 173.—Cystitis (*Cystitis*)—Inflammation of the Bladder.

*a.* Acute Cystitis is a disease of rare occurrence, except when arising from Gonorrhœa, wounds, Calculi, the introduction of instruments, or other mechanical causes. Occasionally cold or damp may induce it.

Symptoms.—There is usually pain, sense of weight, tenderness on pressure, and extreme irritability in the region of the bladder, with rigors, and often alarming constitutional disturbance. The urine is ejected by a sort of spasmodic action as soon as it collects, with straining, and, generally, much suffering; and there may be discharge of mucus or pus, tinged with blood.

*b.* Chronic Cystitis is more common; it may be the sequel to an acute attack; or it may be caused by Calculi, disease of the prostate gland, Stricture, etc.; but the most common cause is *inability of the bladder to empty itself*, either from loss of muscular power of its coats, or prostatic enlargement. The decomposing urine then becomes a source of irritation to the mucous lining of the bladder; the urea is soon decomposed into carbonate of ammonia, and this salt is acrid and irritating, and the bladder in time acquires a condition which has been aptly compared to that of a badly-washed utensil. The symptoms are the same as described under the acute form, though to a modified extent; but while the pain is less, the discharge is generally greater. The mucus is often very abundant, a pint or more being

often passed in the day, and it becomes very tenacious on standing, so that when a vessel containing the urine of such a patient is emptied, an abundance of ropy mucus follows the urine in a mass.

Cystitis may be thus diagnosed *from Inflammation of the kidneys:* in the former the pain travels *upwards*, towards the loins; while in the latter the pain extends from the loins *down* to the bladder.

Treatment.—The treatment of Cystitis must be regulated by its causes and associations. When simple, and resulting from cold, *Acon.* in alternation with *Canth.;* if from exposure to damp, *Dulc.;* if there be much nervous irritability, *Bell.* For the chronic form of the disease, *Canth.*, *Cann.-Sat.*, *Apis*, *Eup.-Pur.*, *Kali Hydriod.*, *Puls.*, and *Chim.*, are the best remedies. The last remedy is likely to be specially valuable.

Accessory Measures.—For the relief of pain, hot fomentations; and in acute cases, rest in the horizontal posture. The warm hip-bath; the abdominal compress; and mucilaginous drinks, favour recovery. *Washing out the bladder* is often useful; but only small quantities of tepid water—one to two ounces—should be introduced at a time; as far as possible, too, the water should be introduced like the continued percolation into it of the urine from the kidneys by the ureters, or the sensitive organs will be offended and injured.

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## 174.—Calculus (*Calculus*)—Stone—Gravel.

In the urine are washed away refuse matters resulting from digestion, assimilation, and the wear and tear of the body. Any deviation, therefore, from a healthy state of digestion and nutrition is sure to be followed by a deviation from the normal properties of the urine. A deposit may

exist occasionally in small quantity unnoticed; it is the constant or abundant presence which furnishes important evidence of disease; but a frequent sediment should never be disregarded.

Definition.—When a precipitate is let fall from the urine after it has been voided, it is called a *sediment;* when precipitated in the bladder or kidneys, it is called *gravel,* the urine being muddy as it passes; and when gravel, lodging in any of the urinary passages, becomes concrete, it is called *stone* (*Druitt*). When the urine of a person habitually presents any one kind of deposit, he is generally said to have a corresponding *diathesis;* as the lithic diathesis, etc.

Varieties.—There are several varieties of Calculus; but the most common are, the uric or lithic, the phosphatic, and the oxalic.

The *lithic* deposit is observed in fever, chronic liver-disease, etc., forming pink or brick-dust-like colouring-matter in the urine. When this is abundant, as in more advanced stages, it is commonly called *red-gravel.* The lithates chiefly occur in robust persons of florid appearance, who live high and suffer from irritable gastric Dyspepsia; and sometimes are associated with Rheumatism and chronic skin diseases, but most frequently with Gout. The uric acid condition often alternates in the same individuals with Gout; even in generations this may be observed, Gout manifesting itself in one, Gravel in the second, and Gout again in the third. This is the most common variety, and may occur at any age.

The *phosphatic,* unless arising from changes in the bladder, usually depends on atonic Dyspepsia, and an anæmic or broken-down state of the constitution, and occurs chiefly in the aged.

The *oxalic* evidences feeble powers of assimilation, and exhaustion of the nervous system, from over-work, anxiety, or venereal excesses. The patient is usually pale and

hypochondriacal, suffers from disturbed sleep, acidity, etc. There is no gravel or sediment, properly speaking; the particles of oxalate float as crystals in the urine, or subside if it be allowed to stand, but are not in large quantity.

Various *tests* are employed to determine the character of urinary deposits; but to these we cannot further refer.

Inactivity of the Liver and Calculi.—

Now, at the bottom of this tendency to uric acid production, there often lies what is thus understood as inactivity of the liver; and the true *rationale* of the undue formation of the urinary salts, appears to be that, the liver or some allied organ not doing its duty as an excreting organ, the kidneys have more work thrown upon them. Thus the solid matters of the urine, or rather some of its ordinary constituents, are augmented—not all of them, for urea is not necessarily increased, but uric acid is largely produced, and is eliminated not only in solution but in crystalline forms. Uric acid is very insoluble in water; and although the natural quantity thrown out may be quite soluble at the natural temperature of the urine (100° Fahr.), when this diminishes to 60°, 50°, or 40°, the acid is deposited; and when the quantity is still larger, even the ordinary amount of fluid associated with it at a temperature of 100° will not suffice to dissolve the whole, and solid uric acid is deposited in some part of the urinary passages. This deposit may take place in the kidneys themselves, giving rise, if not thrown off, to the formation of Calculus, at first renal, but sooner or later mostly becoming vesical. Now, if all this be so, the formation of uric acid gravel is not by any means to be regarded as necessarily disease of the kidney: on the contrary, it is the result of an active and capable organ vicariously relieving some other organ which is torpid. The true remedy therefore is, not to stimulate the kidneys, already overworked—not, to use a familiar simile, to spur that horse of the team which is already doing too much work; but you are to seek the cause in that other one of the team which is doing deficient work, and that is almost invariably the liver, in the sense already explained.—*From Thompson's Clinical Lecture in the Lancet*, Jan. 12, 1872.

History of Stone.—In the adult male, Stone is most common between the ages of fifty and seventy, or, perhaps, between the ages of fifty-five and seventy-five; and it has a history something like the following:—A Calculus in eighteen or nineteen cases out of twenty has *uric acid* for its basis, the uric acid or gouty tendency (for the diseases

are identical) being hereditary; and the first symptoms are frequent deposits of pinkish matter in the urine on cooling, resembling minute particles of cayenne pepper, which are first formed in the kidneys. When a patient habitually or frequently passes urine which yields a pinkish deposit on cooling, and which cannot be traced to cold weather, errors in diet, or other accidental causes, he has what is called the uric acid diathesis. Afterwards, these cayenne-pepper-like particles become aggregated, forming little Calculi, popularly known as "sand" or "gravel;" then, again, these tend in time to become larger, often as large as peas, or even beans. During the descent of the Calculus from the kidney to the bladder, the patient complains of severe pain the back, hip, groin, and testicle, and great discomfort. In a day or two, or earlier, it is usually voided with the urine, and thus the matter is disposed of. But when the bladder is unable to expel the Calculus by its natural efforts, the Calculus increases in size, by deposit on its surface, and in time a Stone is formed that cannot be removed except by an operation.

Stone in Boys.—As stated, the observations in this Section refer to Stone in the adult male bladder. But sometimes Stone forms in the bladder of boys, the symptoms being frequent micturition, severe pain in passing water, occasional sudden stoppage of the urine, with accession of pain at the end of the penis, sometimes discharge of blood, muco-pus in the urine, and lithic acid deposits. The operation for removal of Stone in boys under fifteen years old is by *cutting* and not by *crushing*. The former is a very successful operation in children; but the latter, unless the Stone is very small, is a difficult one, owing to the irritability of the bladder, and the small size of the urethra at that age.

Symptoms.—There are four leading symptoms that are very conclusive. (1) *Increased frequency of passing water,*

chiefly during the day, and when moving about, and less so at night and when at rest. Riding on horseback, for example, greatly increases the frequency. (2) *Pain in the glans penis during and immediately after micturition*, and a continuous desire to pass water for a few minutes until fresh urine trickles down and separates the Stone from the lining of the neck of the bladder, which is a highly sensitive part. As soon as sufficient urine collects, relief is experienced. Pain at the end of the penis is highly diagnostic of Stone in the bladder. *Pain low down in the abdomen* is generally due to chronic Inflammation of the bladder. Pain *before* urinating is generally caused by a sensitive or inflamed mucous membrane. (3) *The urine contains muco-pus*, such as is found in Cystitis, only to a greater amount. With Calculus the urine is almost invariably clouded by mucus or pus.[1] (4) *Blood is passed from time to time*, and the quantity is *increased* by much *exercise*, such as riding in a springless carriage, or over a rough road, on horseback, much walking, and by all rapid movements of the body. But if the patient remain quiet no blood at all may be passed, or a mere drop or two with pain in the last expulsive effort at urination. Generally the urine has a florid tint, while blood passed from the kidneys gives the urine a brownish colour from long contact of the urine with the blood. The same remark applies to Hæmorrhage due to enlarged prostate.

Further Evidence.—The four symptoms above enume-

[1] It is important to discriminate between urine clouded by mucus or pus, and urine clouded by deposited salts. In cold weather the urine, on cooling, readily deposits its lithates, where none would be seen in hot weather. On the application of heat it becomes quite clear, which is never the case if the thickness be caused by pus or mucus. Occasional thickness of urine from lithates is of no great importance. But if the deposit be constant and heavy, habits must be corrected, diet restricted, and Indigestion removed. If the urine does not become clear with heat, an organic compound is the cause of the thickness, and the source of it must be investigated.

rated, occurring simultaneously, unmistakably indicate Stone in the bladder. But if additional evidence be desired, there are the chemical tests of the urine, involving the application of various chemical re-agents, and the *sound*. The latter is an instrument, bent a little shorter than the ordinary catheter, by means of which nearly every portion of the bladder can be explored. A large Stone can thus be readily detected, but a small one requires skill and care. It is important, however, to be able to find a small one, if present, as it can then be generally removed by the operation of *Lithotrity* or crushing. A better acquaintance with the subject of this Section will lead to the early detection of Stone, and, when it is sufficiently small to admit of being crushed in the bladder, with a probability of entire success.

Prevention of Calculus Disease.—For the Indigestion and other symptoms which precede the formation of Calculus, a three or four weeks' course of Friedrichshalle water is recommended, six to eight ounces, with four or five of hot water, every morning an hour before breakfast, diminishing the quantity gradually, till about half the quantity suffices. After the Friedrichshalle, Carlsbad water may be given in the same manner. Cider has a beneficial influence on those who possess a lithic diathesis. Milk, however, has the reputation of being the great anti-lithic.[1]

The classes of aliment which it is specially necessary to restrict are: (1) *sugar*, in whatever form or combination this substance is presented; (2) *fatty matters*—butter, cream, and fat meat—whether simply cooked or in the form of pastry; (3) *alcohol*, especially in the form of sherry, port, and the stronger wines; tea and coffee; also strong beer, champagne, etc. Abstinence from these substances is recommended on the ground that the labour of the liver will be thus greatly lightened, and correspondingly the vicarious work of the

[1] See *H. World*, v. ix. p. 223.

kidneys will be diminished. *Filtered rain*, or *soft* or *distilled water*, has a very great solvent power, and may be taken to the extent of two or three pints daily. Further, a fair amount of open-air exercise daily, and the promotion of the healthy functions of the skin by bathing, frictions, and suitable clothing, as directed in the first chapter of this Manual. The preventive treatment suggested in Section 58, on "Gout," should be consulted, as the two conditions are identical.

Treatment of the Diathesis.—Patients having a predisposition to the formation of Stone, especially if they have passed Calculi with their urine, require *medical* treatment and careful supervision to correct the tendency; for although useless to remove a Stone of size, remedies aid in the expulsion of sand or gravel, and also correct the tendency to such formations. Under our treatment many patients who formerly passed small Calculi have entirely ceased to do so.

First and foremost, all avoidable causes must be removed —high living, the use of alcoholic liquors, and insufficient exercise, on the one hand; and over-work, anxiety, and excesses of all kinds, on the other. Dyspeptic symptoms should be met by such means as are pointed out in the Section on Dyspepsia; and any other concurrent disorders should be corrected. Removal to a locality where *pure soft water* can be procured is often alone curative.

Medicines.—Among those used, the following are probably the most successful:—*Ac.-Phos.*, *Nux V.*, *Ac.-Oxal.*, *Lyc.*, *Cann.*, *Berb.* ϕ, *Gels.*, *Acon.*, *Canth.*, *Nat.-Carb.*, *Podoph.*, and *Merc.*

When a Stone becomes dislodged, and is passing from the kidney down the ureter towards the bladder, or from the bladder through the urethra, the pain is extreme; the membrane of the canals is liable to be lacerated, and inflammation

and suppuration may supervene; or irritability, Spasms, or Incontinence, may trouble the patient for a long time.

To prescribe for a patient with Stone in his bladder such remedies as *Cann.*, *Bell.*, *Nux V.*, or *Phos.-Ac.*, to remove the pain and frequency of micturition; or Vichy water to correct the altered urine; or *Ham.*, or *Canth.*, to arrest the hæmorrhage, is useless, except to afford temporary relief; it would be wasting precious time, and throwing away the opportunity of cure which an operation offers. A large Stone, requiring the formidable operation of *Lithotomy* or cutting, is the growth of years, and can only occur in those who, notwithstanding a long period of suffering, disregard the severest warnings, and neglect to seek that aid which surgery is able to afford.

All cases in which there is even room for a suspicion of Calculus, should be at once placed under the care of a professional Homœopath.

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### 175.—Irritability of the Bladder (*Vesica irritabilis*); *and* Spasm of the Bladder (*Spasmus vesica*) —Strangury—Difficulty in Passing Water.

These conditions are usually consequent on some diseases of the urinary organs—Cystitis, Calculus, Gonorrhœa, etc.; or are associated with Gout, Hysteria, or other conditions.

Symptoms.—Frequent desire to urinate; the fluid is forcibly or spasmodically ejected in small quantities; and its passage is attended by burning, aching, or spasmodic pain (*Strangury*); the pain is confined to the bladder, or extends to the end of the penis, round the pelvis, or down the thighs. The urine may or may not be unnatural; but when the disease has become chronic, mucus or pus is passed with it (*Catarrh of the bladder*). In children, irritability of the bladder is sometimes caused by worms (see Section 158).

A person in health passes water on an average about five or six times a day, and has not to rise generally in the night for this purpose; but when there is any degree of inflammatory action of the bladder, the inflamed mucous membrane cannot bear much distention, so that five or six ounces of urine, or even less, excite a desire to urinate, although under healthy conditions the bladder contains without inconvenience fifteen or sixteen ounces.

Epitome of Treatment.—Nux V. (*Spasm*); Ferr. (*simple irritability during the day*); Bell. (*irritability in children and hysteric females*); Apis (*Strangury*); Acon. (*Strangury from cold*); Dulc. (*from damp*); Camph. (*in urgent painful cases*); Canth. (*with or after Inflammation of the parts*); Lyc. (*with much red sediment or gravel*).

Accessory Means.—Mucilaginous drinks, the tepid hip-bath, etc. It is important to recollect that Strangury is not a substantive disease, but a symptom resulting from various causes, the removal of which is necessary before the bladder can regain its healthy sensibility and tone.

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## 176.—Incontinence of Urine (*Incontinentia urinæ*)—Wetting the Bed.[1]

This is not a disease *per se*, but a symptom dependent upon one or more of various causes, and may consist of partial or entire loss of power to retain the urine in the bladder. The patient may have an almost constant urging to pass water, which, if not immediately responded to, results in an involuntary discharge, but there is no pain or spasm as in Strangury. If the patient be troubled with a cough, the inconvenience is much increased, as during each paroxysm the

[1] See *H. World*, v. ix. p. 211.

urine escapes. When the loss of voluntary power is more complete, the urine continues to dribble away as fast as secreted. The constant discharge excoriates the parts, causing soreness when moving about; at the same time, an offensive urinous odour is exhaled from the person, which renders the condition most distressing.

The majority of patients are *young*—from three or four up to fourteen or sixteen years of age—and the symptom is most troublesome at night.

Causes.—*Reflex action*, from many and diverse causes. Consequently successful treatment can only be adopted after a careful investigation of the causes. Paralysis of the bladder is but an infrequent cause. It may result from injuries, the pressure of Tumours, Calculi, syphilitic disease, or constitutional causes. In children the most frequent causes are *irritation of the bladder from worms;* strumous constitution; too large a quantity of warm fluids, especially if taken towards evening; improper food or drink, causing acid urine, which *irritates* the mucous coats of the bladder, etc. The urine of children who wet their beds an hour or two after falling asleep may often be found loaded with lithic acid crystals.

Diagnosis.—One or two points may be determined by an inquiry as to whether the incontinence is most troublesome in the day-time or at night. *Stone in the bladder* does not cause much disturbance at night; but in the day-time, when moving about, it occasions frequent calls to micturate. On the other hand, an enlarged prostate is most troublesome at night, when frequent calls to pass water are made. If this symptom occurs in a patient about sixty years of age, who has only recently had urinary troubles, and these are greatest at night, an enlarged prostate gland is the most probable cause. Lastly, in obscure cases, diseases of the brain, spinal cord, kidneys, bladder, or rectum, should be examined for

and the possibility of masturbation, or the existence of obvious causes of irritation about the external genitals, should not be forgotten. Among the latter we may especially mention *Congenital Phimosis*, which, in consequence of the hindrance it offers to strict cleanliness, allows the secretions to accumulate around the gland and become a source of irritation. In these cases circumcision is the remedy, and is generally effective.

"The cases may be broadly divided," writes J. W. Hayward, F.R.C.S., "into two chief classes: (*a*) those depending upon deficient nervous or muscular action; (*b*) those which have for their cause an excess of this action. The normal retention and passing of urine depend upon the proper balancing of the expulsive and retentive forces—that is to say, of the muscular walls and of the sphincter of the bladder. And this balance may be disturbed either by want of sphincter power, or an excessive expulsive power. Now the first of these, the want of sphincter power, is, I believe, in children, much the less frequent of the two causes, and is usually associated with delicate health, spinal curvature, talipes, or other paralytic affections; it is also the more troublesome to cure. The second and more common cause, the excess of expulsive power, occurs, on the other hand, in perfectly healthy children, and may depend upon the condition of the urine, or of the bladder, or upon some neighbouring or eccentric irritation, and is of the two much the more easily remedied. There is no doubt also a certain, but I believe a small, number of cases which depend upon mere indolence and bad habit; these must be treated by careful management, and, if need be, punishment; which, I may remark, should not depend upon the temper or caprice of a nurse, but should be carried out in an intelligent manner."—*From the Lancet*, May 11, 1872.

Treatment.—The chief remedies are—Bell., Gels. (*in the aged*); Canth., Nux V., Ac.-Phos. (*with alkaline urine, and in hysterical females*); Podoph., Calc.-C., Ac.-Nit., Opi., Lyc. Ac.-Benz.[1] (*high-coloured and strong-smelling urine*); Cin. *or* Spig. (*from worms*); Ferr.,[2] Sil. (*diurnal*); Scilla (*profuse discharge*); Acon., Canth., or Cham. (*in children, with uneasiness in micturating*).

*Gelseminum.*—Relaxed or paralytic condition of the sphincter of the bladder, leading to involuntary urination night and day.

[1] See *H. World*, v. viii. p. 112. [2] V. vii. p. 260.

Accessory Means.—As incontinence of urine is generally the result of disease, corporal punishment cannot correct the annoyance, but only medical and general treatment, which must be entirely regulated by the cause. The bladder should be trained to retain water during the day. All salt, sharp, and sour articles of food, malt-liquors, spirits, tea and coffee, should be avoided. Meat may be eaten in moderate quantities, but only a small quantity of fruit, and no flatulent food. Nothing *hot* should be taken in the after-part of the day. Simple water, milk-and-water, and cocoa, are the most suitable beverages. Cold soft water or mucilaginous drinks in moderation tend to diminish the acrid properties of the urine. The mother or nurse should be quite certain that the child empties his bladder before getting into bed, as a child when sleepy or tired is apt to avoid this. Until the cause is removed, the patient should be taken up once or twice in the night to urinate. Children who wet their beds ought to sleep on hard mattresses, with light clothing, and not be permitted to lie on the back; this may be prevented by fixing an empty cotton reel so as to press on the muscles as soon as the patient lies on the back. At bed-time a warm bath at 90° to 98° Fahr., or a warm sitz-bath, or cold sponging of the lower part of the back, is often of much value, and greatly contributes to the success of the treatment (see Sec. 26). Patients should take much open-air exercise, and have shower-baths or ablutions with *cold* water every morning: the whole process, including drying with a large towel or sheet, should not occupy more than a few minutes.

Patients troubled with nocturnal Incontinence should be prevented from falling into a morbidly profound sleep, as it is then that the discharge of urine occurs. Heavy sleep may be obviated by waking up the patient about the second hour of sleep, or in the case of adults, by an alarum set so as to rouse him at the proper time.

## 177.—Retention of Urine (*Retentio urinæ*).

Definition.—Obstruction to the discharge of the urine.

Diagnosis.—Retention is liable to be confounded with *Suppression* of urine; but in the latter condition, the kidneys are the seat of the disease, and do not secrete the urine; in Retention, the urine is secreted, but the fault is in the bladder, its sphincter, or in the course of the urethra, in which there may be some cause of obstruction, as Stricture, diseased prostate, etc. Suppression may be easily distinguished from Retention, for in the latter disease the bladder is distended with urine, and may be felt at the bottom of the abdomen; while, in Suppression, the bladder is empty and can scarcely be felt. If it be deemed necessary to introduce the catheter, the diagnosis will be confirmed: in Retention the bladder will be found full, but in Suppression empty; the latter condition, however—except in temporary cases, when *Tereb.* will be rapidly curative—is attended with extreme peril, as the urea and other elements of urine accumulate in the blood when the kidneys have fallen into disease, and no longer secrete the urine; the patient becomes uneasy, then drowsy, and soon Coma and effusion upon the brain supervene.

Causes of Retention.—Acute febrile disease; fibrinous exudations, causing Stricture; injury, causing Paralysis of the lower part of the spinal cord; loss of tone in the muscular structures of the bladder, leading to Paralysis of that organ, common in old age; enlarged prostate in old men.

Spasmodic Stricture.—Retention of urine sometimes results from Spasm of the *compressor urethra* muscle, which surrounds the membranous part of the urethra; the Retention is sudden and complete, although the patient may have been able to urinate a little time before. The *exciting* causes are—

indulgence in drink, holding the urine too long, exposure to cold, etc. Spasmodic Stricture is not likely to occur except in persons already suffering from a slight degree of permanent Stricture, or gleety discharge, or an abnormal condition of the urine.

TREATMENT.—*Aconitum.—Inflammatory symptoms*, often in alternation with some other remedy, especially *Cantharis*.

*Camphor.—Spasm* at the neck of the bladder, especially if caused by *Cantharides* (a drop on a piece of loaf-sugar every fifteen minutes for three or four times).

*Cantharis.*—Urging to urinate; cutting and tearing pains.

*Clematis.*—Difficult passage of urine; heat or slight burning, with occasional stitches in the course of the urethra while passing water; Stricture of the urethra after repeated attacks of Gonorrhœa, and in cases temporarily relieved by the introduction of bougies.

*Nux Vomica.*—Painful ineffectual efforts to urinate, caused by the use of wines or spirits; *spasmodic Stricture.*

*Sulphur.*—In alternation with the last remedy, if the patient be troubled with Piles.

*Cann., Tereb., Uva U., Phos.-Ac., Bell., Iod., Ars., Chim.*, are additional remedies often required.

ACCESSORY MEANS.—The introduction of the catheter, so frequently resorted to under the old treatment, is often superseded by the more efficient remedies we employ; still it may be necessary in some cases; as in enlarged prostate, or paralysis of the bladder.[1] External applications—warm baths, hot fomentations—bland drinks, and injections by the rectum, greatly aid the medicines in restoring the functions of the parts, if there be not incurable organic disease. The diet should be sparing, and, in some severe cases, restricted to barley-water, gum-water, or other diluents.

[1] See *H. World*, v. ix. p. 242.

## 178.—Gonorrhœa (*Gonorrhœa*)—Venereal Disease—The Clap.

Definition.—A specific disease characterised by Inflammation of, and a muco-purulent discharge from, the mucous membrane of the male or female urethra, and contiguous portions of the genital organs, produced generally by the contact of a specific virus.

The word Gonorrhœa means, literally, a flow of semen, and was so named by the older writers, who erroneously regarded the discharge as one of semen. The specific virus contained in the discharge is distinct from that of Syphilis, and does not affect any other tissue except the mucous, although the mucous membrane of the eye, nose, or anus, may furnish the specific poison if inoculated with the pus from a membrane similarly affected.

Time and Order of the Symptoms.—The disease declares itself in from two to eight days after an impure connection; in rare instances, in a few hours, or, in others, not for ten or fourteen days. The symptoms have been divided into three stages, the *initiatory*, the *inflammatory*, and the *chronic*. There is first experienced a tingling or itching sensation, with some degree of heat in the urethra and at the end of the penis, especially when urinating. The orifice of the urethra soon becomes red, swollen, and adhering together by a thin, whitish secretion, and if pressed between the finger and thumb, muco-pus exudes. As the inflammatory stage sets in, there are burning or scalding pains on passing water, with increased secretion from the affected part, at first thin, but soon becoming thick, milky, yellow, green, or even bloody. During this stage, broken rest at night, a good deal of constitutional disturbance, and complications, such as are afterwards mentioned, are prone to arise.

After the disease has continued for about seven to fourteen days, the inflammatory symptoms begin to subside, and the chronic stage sets in: there is more or less irritation in passing water, and a yellow discharge, which, under unfavourable circumstances, may persist for a long time, and then terminate in an obstinate, thin, transparent, painless discharge—*Gleet;* this is especially likely to occur in strumous, phlegmatic, or gouty constitutions, and in patients subject to chronic cutaneous diseases.

Complications of Gonorrhœa.—(1) *Irritation, Congestion,* or even true *Inflammation of the urinary organs,* causing a frequent desire to pass water, but extreme difficulty and pain in doing so; or there may be complete Retention of urine, frem Spasm of the neck of the bladder, excited by inflammatory irritation. (2) In the male, frequent and involuntary erections, crooked and painful, occurring chiefly during the night—*Chordee.* This condition is caused by an effusion of lymph or plastic matter into the spongy substance of the urethra, and is present in nearly every case of Gonorrhœa during the inflammatory stage, especially at night. (3) A thickened and constricted condition of the glans penis, and effusion under it, so that the foreskin cannot be retracted—*Phimosis.* (4) *Paraphimosis*—inability to draw the foreskin forward after it has been retracted (5) Inflammation of the lymphatic glands of the groin—*Sympathetic bubo.* (6) *Inflammation of the testicles—Orchitis*—coming on at a later stage of the disease, when the discharge has nearly ceased, and is probably an extension of the inflammation from the urethra; it is marked by pain, greatly increased when the organs hang unsupported, excessive tenderness swelling, fever, and often vomiting. (7) Rheumatism. (8) Ophthalmia. See Sec. 95.

Cause.—The most common is specific virus caught from impure or indiscriminate sexual connexion. This morbid

matter does not reach the general circulation, for it is limited to the *pus globules* contained in the purulent secretion; and these, it seems, are not capable of absorption. When complications arise, they affect parts connected with the original site of the disease by continuity of mucous surface,—the prostate, bladder, and testicle.

Gonorrhœa is sometimes occasioned by connexion with a woman not suffering from disease of a specific venereal character. The menstrual fluid, acrid Leucorrhœa, want of cleanliness, etc., in the female; or, an acid state of the urine, a gouty or rheumatic diathesis, the irritation of Stricture, exposure of the organs to cold winds, etc., in the male, may give rise to the discharge. Patients most liable to this affection have a weakened or scrofulous constitution, usually a large urethral orifice, and a long narrow prepuce. It is also chiefly restricted to persons under twenty-five or thirty years of age.

Treatment.—In the treatment of this disease Homœopathy offers many advantages: the medicines are safe, pleasant, and effective, sometimes rapidly so; by their instrumentality the patient generally steers clear of all or most of the usual sequelæ; and they do not interfere with the usual comfort, occupation, or health.

Epitome.—

I. *Abortive Treatment.*—One of the following injections:—

(*a*) ℞. *Hydrastis* ℘ ʒ; Aquæ, ℥vj. M.

(*b*) ℞. *Argenti nitras*, grs. ij.; Aquæ des., ℥viij. M.

(*c*) ℞. *Zinci Sulph.*, grs. viij.; Aquæ des., ℥viij. M.

(*d*) ℞. *Vini Rubri*, Aquæ puræ *aa*, ℥viij.; *Acid Tann.*, grs. xl. M. ft. sol.

II. *Inflammatory Stage.*—Acon., Cann., Canth., Merc.-Cor., Copa., Petrol. Also the use of a suspensory bandage.

III. *Gleet*—Merc., Gels., Nux, Sulph., Agnus Castus,

Hydrast., Petrol., Matico, Still.; also a recourse to the injections, the first-named especially being of great value.

IV. *Balanitis.*—Merc.-Sol., Acon., Hydrast.

V. *Chordee.*—Acon., Canth., Gels., Arg.-Nit., Still.

VI. *Orchitis.*—Puls., Iod., Acon., Gels., Clem., Merc., Ham., Phyto. The testicles should be supported by a suspensory bandage.

VII. *Prostatitis.*—Bell., Atropine, Merc.-Iod.

VIII. *Rheumatism.*—Colch., Coloc., Ran.-Bulb., Rhod., Rhus, K.-Hyd., Sticta.

IX. *Stricture*—Puls., Eupat.-Purp., Agaric., Clematis, Iod. (See next Section.)

X. *Warts.*—Thuja, Ac.-Nit.

XI. *Phimosis.*—Acon., Bell., Cann., Gels. Also warm baths, wet compresses, etc.

Cold baths or sea-bathing, regular and early hours, and good, temperate habits and living, are also necessary to ensure successful results.

We have entered only superficially into the management of this disease: considerations of its difficult nature, its numerous and annoying complications, and the risk of exposing another to contagion, render professional treatment most desirable.

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## 179.—Spermatorrhœa (*Spermatorrhœa*)—Involuntary Emissions.

The subject which heads this Section claims our special attention for several reasons, more particularly the following:—The extreme frequency of the complaint; the moral and physical dejection which it causes; the too common indifference with which it has been met by the medical pro-

fession;[1] the damaged health, and exhausted resources, frequently occasioned by charlatans, who find it a fruitful field for plunder; and, lastly, the comparative facility of cure when proper remedies are administered, and a judicious line of conduct fairly persevered in. These considerations meet us on the threshold of the inquiry, and form ample justification for the unusual length of this Section.

Definition.—Involuntary seminal discharges, occurring either during sleep, or under various conditions at other times, and associated with irritability and debility of the generative organs.

Extent and Evils of the Habitual Cause.—We have had considerable opportunities of investigating this subject, the result of which is the conviction that the evils of the above condition are widespread, beyond the credibility of those who have not thoroughly investigated it. The notion that boys are ignorant of the subject, and that we ought not to remove that ignorance, is wholly incorrect. Self-abuse is of such extreme frequency, that it is a question whether even a majority of the youth of all classes of the community do not practise it. The consequences of the habit occasion the deepest mental distress, and too often disqualify the patient for the discharge of the ordinary duties of life. Unfortunately, we find such patients exhibit extreme feebleness in overcoming incitements to sexual vices, inability to control the will being one of the most lamentable results of self-abuse. Instead of exercising mental and physical self-control, patients too often abandon themselves to self-reproaches and despair, and unless rescued by a prompt and strong, but kind hand, extreme demoralisation is inevitable.

Our experience forces us to the conclusion that, notwithstanding the magnitude of the evil, the subject has been

[1] This statement has recently been contradicted; we have, however a bundant evidence of the fact, and therefore we retain the statement.

much overlooked, or under-rated, by medical men generally. We are frequently told by patients that medical men appear to ignore the functional diseases of the generative organs, and manifest indifference with respect to the matter. Probably in many cases we have been consulted from an insuperable dislike on the part of patients to confront a medical man in their own neighbourhood on a subject of such extreme delicacy. The whole question, however, demands far more attention from the profession than it has yet received, both on account of the physical and mental sufferings involved, and the charlatanism and imposture which professional neglect involves. Numerous cases have come under our notice in which shattered health and exhausted resources have resulted from sufferers falling into the hands of the host of advertising quacks who in large towns prey on patients of this class. Newspaper proprietors, especially provincial, are great offenders against public morality by opening their columns to quack advertisements, and thus prostituting a powerful influence to co-operation with charlatanism.

Our Allusion to the Subject.—Since the previous editions of this Manual were published, many patients have expressed to us their regret that they never received any instruction on sexual subjects, or warning of the danger of masturbation. Boys, and girls too, are certain to have their curiosity excited, and if information be withheld, to seek it in improper channels. To suppose that boys who watch animals, and obtain intimations from literature, and hear the conversation of the immoral, can be kept in ignorance, is evidence of profound want of knowledge of human nature. Better, from every point of view, to furnish proper instruction and warning.

Causes.—Spermatorrhœa is most frequently the result of a direct violation of a great physiological law, the habit of

sexual excitation—*self-abuse*—either accidentally acquired or learned from associates, as in schools, and subsequently continued under the influence of a morbid imagination, or from the excitement occasioned by impure books or conversation, reports of divorce-court trials, etc., often in ignorance of the consequences of the vicious practice. Schools, especially boarding-schools and colleges, are often fruitful sources of instruction and initiation into this vice. From innumerable frank personal disclosures made to us in our professional capacity, we have ground to conclude that schools are the very hot-beds of this degenerating habit. Other causes may be,—morbid conditions of the urethra; irritability of the bladder, as shown by wetting the bed; Indigestion with constipated bowels, violent contraction of the levator ani, causing an escape of semen; rectal irritation from *Worms*, which occasion scratching or friction, and thus lead to determination of blood to the organs; Piles, acting in a like manner; Prolapsus ani; a too long or narrow prepuce, or the collection of secretions under the prepuce, causing irritation; horseback exercise; frequent excitation of the sexual passion without natural gratification; sexual excesses; disease of the brain or spinal marrow; chronic exhausting diseases, as Phthisis, etc.

Lastly, we are led to conclude from cases that have come under our own observation, that the causes of masturbation are sometimes inherent. Under such conditions the organs become extremely debilitated, and liable to excitation, with secretion and discharge of seminal fluid, from slight emotional causes,—a thought, a glance, a word,—or by trivial and common physical agents,—the oscillations of a carriage, the contact of the saddle in riding, climbing, the efforts of straining at stool, etc.

Effects.—These are often greatly exaggerated in the suggestive pamphlets of those who prey upon this class of

patients. Nearly all the patients who consult us have previously read one or more of these pamphlets and have had their happiness destroyed by the alarming and overdrawn statements they contain, every nervous sensation or symptom of indigestion being connected with Spermatorrhœa, as cause and effect. The following are, perhaps, the most common results of this sexual vice: depression of spirits, often to an extreme degree; bashfulness, and inability to look frankly into the eyes of another, especially of the same sex; weakness of memory and other senses; enfeebled intellect; indecision and loss of moral control, sometimes to such an extent as to render the patient incapable of resisting temptation to the vicious habit; weakness, with pain or aching in the back; Indigestion, with oppression after food, Constipation, Flatulence, Palpitation, Headache, cold, damp hands, and moist skin; spots of Acne on the face; sunken eyes, paleness of the face, and loss of the healthy tints of the lips, the patient looking older than his years; stunted growth, the physical drain checking nutrition, and preventing in early life perfect bodily evolution; Paralysis; Impotence, etc. *Remorse* is often so keen and withering as to interpose the greatest barrier to success in the treatment. If indulgences in the habit were commenced early, and have been frequent and long-continued, the physical and mental injury is more serious and general, and no doubt sometimes leads to the deposit of Tubercle in the lungs. Happily, a course of judicious treatment is generally sufficient to effect a cure, and to restore the patient to a life of usefulness and happiness. In numerous instances, patients formerly under our care, and whose despondency was often almost extreme, have subsequently married, and been blessed with full domestic felicity.

Preventive Measures.—The sexual instinct in man is strong, and is the means provided by the Creator for the

propagation of the race. But the *precocious* development of this passion may be prevented: and when, on account of youth and other circumstances, its gratification would be imprudent, it may be kept in abeyance by proper measures and correct discipline—the discipline leading to manliness of character, and at the same time better fitting the individual for the duties and enjoyments of mature manhood. Chastity tends to great moral energy of character, and contributes to a superiority and vigour of intellect which contrasts most favourably with the feebleness of the incontinent. Indeed, we find many patients of the latter class lack sufficient resolution to employ the measures necessary to their restoration, thus rendering our task difficult and tedious. The following suggestions are offered in much confidence, and if faithfully adopted, will, in the majority of cases, suffice to prevent sexual vice.

1. *Good physical and mental training.*—The systematic adoption of muscular and mental exercises expends the nervous energy, diverting it from the sexual organs, so that amorous thoughts and propensities become less prominent. The regular practice of gymnastic and athletic exercises, to an extent short of causing excessive fatigue, is of the first importance. Blood is thereby diverted from the internal organs to the muscles, and while the economy is occupied in repairing the wear-and-tear thus occasioned, semen will be but scantily, if at all, secreted. Much of the sexual vice of the present day is chargeable to the neglect of proper recreation, instruction, and amusement, by the young men of cities and towns in their leisure hours. Mental occupations also exercise a like tendency, though, perhaps, to a less degree. Constant and congenial occupation and recreation, bodily and mental, during the hours of relaxation, are indispensable. As just stated, the greatest danger arises during the hours of leisure, for if the mental and physical

powers are not then employed, the mind is almost sure to be occupied with sexual thoughts. To a considerable extent, the habits we are considering have arisen from young persons having had no object of pursuit when the ordinary work of the day was over.

Besides preventing the formation of a vicious habit, constant and congenial physical and mental occupations are necessary in most cases to the maintenance of a strictly *continent* life, and we recommend them as infinitely preferable to occasional illicit sexual intercourse. We are sorry to find from the testimony of patients that some medical men recommend sexual intercourse to the unmarried. Viewed medically, we think this most unwise, for such intercourse stimulates without satisfying the sexual passion, and at the same time exposes the individual to diseases of the most disgusting and baneful character. It is easier and safer to abstain entirely from sexual intercourse than it is to indulge occasionally. Total abstinence—not occasional illicit indulgence—is therefore the only safe course. Diligent cultivation of the will, the practice of regular and healthy exercises and gymnastics, suited to individual peculiarities, are sufficient to preserve continence. Fashionable and idle habits are the great cause of solitary vice on the one hand, or of venereal excesses and diseases on the other. The establishment of systematic exercises at home and in schools—athletic sports, gymnasia, etc.; libraries, literary and scientific institutions, including the instructive and interesting experiments in chemistry, electricity, mechanics, and other sciences; the study of botany, geology, etc.; all these are highly useful, for they preoccupy the mind, and so prevent loose thoughts and habits.

2. *Chaste thoughts and conversation.*—The cultivation of pure thoughts and conversation among the young would remove occasions of great temptation to sin. Parents, guar-

dians, and teachers, should exercise a strict supervision over the books that are read. Much of the literature of the present day is of a character that tends to emasculate the mind of the reader, to crowd it with fancies and follies, incite it to passions, and pave the way directly to the evils under consideration.

3. *Avoidance of stimulants and luxurious habits.*—The too free use of meat, highly-seasoned dishes, coffee, wine, late suppers, etc., strongly tend to excite animal propensities, which directly predispose to vice. Probably most persons in health, enjoying ample means, eat and drink too much. Strict temperance, both in eating and drinking, is a great preventive. Soft beds and too much sleep are also to be avoided.

4. *Direct instruction and caution.*—Young persons, who, there is reason to believe, are ignorant of the practice of self-abuse, should be kept so, but watched, and it may soon be observed if he or she be addicted to this vice.

When there are any symptoms, a careful examination should be made, and the actions closely but unobtrusively watched. An examination of the linen generally affords conclusive evidence in the case of boys; the genital organs of these patients it may be noticed, too, receive an undue share of their attention. If the practice be found to exist, its discontinuance must be made imperative, and the dangers pointed out that will inevitably follow a persistence in the habit. The delicacy of the subject must never be allowed to operate as a barrier to an important duty. The patient should be constantly watched during the day tills he falls asleep at night, and be required to arise directly he wakes in the morning. In confirmed cases, the night-dress should be so arranged that the hands cannot touch the genital organs.

5. *Important precautions in the management of the young.*—

Under no circumstances should nurses ever be permitted *unnecessarily to handle or expose the genital organs of children*, and children should be taught at the very earliest period that it is immodest, and even wrong, to handle the parts. *Flogging on the buttocks* should also be avoided, for it is calculated to excite precocious sexual sensations. The effect is of a reflex nature, and there is ample evidence that it tends strongly to excite the sexual instinct. *Climbing* is open to the same objection. Facts have repeatedly come under our own notice which prove that sexual excitement is not infrequently engendered by these means. In schools, as well as at home, *every boy should have a separate bed.* The neglect of this important advice is a frequent cause of bad habits being taught and practised. In addition to a separate bed, he should be able to dress and *undress apart from the observation of others.* The necessary privacy may be secured by partitions placed between the beds, but not extending up to the ceiling, so as to interfere as little as possible with the ventilation. One of the few articles necessary in the sleeping-room is a *sponge-bath.* This, with a good-sized piece of honey-comb sponge, and a large towel or sheet, completes the outfit. The regular daily use of the sponge-bath, according to the suggestions given in Section 11, conduces greatly to the cure or prevention of Self-abuse.

If the habit have been acquired, and any of the effects already stated developed, a proper course of treatment will usually suffice to restore the health, *providing the habit be relinquished.* The best homœopathic doctor within reach should be consulted; or if there be none near, one should be consulted by letter. Under any circumstances all advertising quacks, and all advertised quack medicines, should be avoided. Hundreds of cases have come under our care with damaged health and exhausted purses, from falling into the hands of advertising quacks.

TREATMENT.—This must be both medical and hygienic, and include all available methods for establishing the constitutional strength, soothing excitement, removing local causes of irritability, and forming healthy habits both of mind and body.

The *medical* treatment involves the administration of homœopathic remedies, only a few of which are described in this work—*Agnus Cas.*, *Bary.-Carb.*, *China*, *Canth.*, *Phos.*, *Plat.*, *Ign.*, *Ac.-Phos.*, *Gels.*, *Staph.*, *Iris*, *Nux V.*, *Sulph.*, etc., the selection and doses of which can only be determined by the local and general symptoms of individual cases. Amplitude of resources is pre-eminently necessary in the successful management of this affection. (See *Materia Medica.*)

Although alone insufficient, the treatment by appropriately chosen drugs has often a marvellous power in speedily correcting the most distressing cases that come under our notice; but it would far exceed the limits of this work to state the indications for the various remedies that are prescribed in this affection.

The *hygienic* treatment must be considered from a high standpoint, and include the commercial, social, and moral relationships of the patient—occupation, recreation, literary tastes, and mental and moral discipline; diet, sleep, bathing, etc. The circumstances of each patient should be diligently investigated, and the management strictly regulated accordingly.

We have aimed to say as little as is consistent with our desire to arouse parents and teachers to a sense of their duty to the young in this matter. It may be deemed by some indiscreet to treat of such things in a work like the present; but so widespread an evil, affecting the health and happiness of future generations, and even the welfare of the nation itself, demands that false delicacy be cast aside, that the sin may be known, and its progress stayed.

## CHAPTER XI.

### Diseases of the Cutaneous System.

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### 180.—Erythema (*Erythema*)—Inflammatory Redness of the Skin.

Definition.—Hyperæmia of the cutis, manifesting itself by superficial redness or blush of the skin without swelling or breach of continuity.

Varieties.—The varieties are named according to their characteristics. When it occurs on the surface of an œdematous swelling it is called *Erythema læve*. *E. fugax* is simply a fleeting patchy-redness. *E. marginatum* designates a redness with a well-defined circumference. *E. papulatum* consists of small spots varying in size from a pin's head to a split-pea, raised after a time into a papular form, of a vivid colour, becoming pale on pressure, and dying away in a few days with slight desquamation. The spots may be aggregated or distinct, and are seen especially on the back of the hand, the arm, neck, and breast. The disease lasts about three weeks and seems to be associated with rheumatic symptoms. It occurs mainly in young people. *E. tuberculatum* is the same disease, in which the Erythema becomes somewhat tuberculated; it is often seen in servants who make a change of residence from country to town. *E. nodosum* is a more marked stage of the last; the spots are sometimes as large as a walnut or even much larger, oval in shape, the long diameter being in a majority of cases parallel to that of the limb: they are generally seen on the front of the leg, rarely on the arm, or above the knee. This variety seems to be connected with adolescence (*Fox*).

Erythema, especially if chronic, is sometimes due to stomachic derangement; *flushing of the face after meals* is a common erythematous symptom.

There is no marked itching; nor heat, tension, burning, or exudation, as in erysipelas, for which it is sometimes mistaken.

Epitome of Treatment.—

Bell. (*simple redness, and E. papulatum*); Acon. (*febrile disturbance, and flushing of the face from excitement*); Apis (*E. læve, and E. nodosum*); Rhus 3x (*E. nodosum*); K.-Bich. (*E. papulatum, if* Bell. *be not sufficient*); Nux V. (*flushing after food*); Bry., Mang., Ferr., Ars., Ran.-Bulb.[1]

Accessory Measures.—Regular open-air exercise; sufficient time for, and freedom of the mind during, meals; simple food; and the free use of cold water internally and externally. Where there is pain, as in *E. nodosum*, a compress moistened with Goulard-water relieves. Obstinate cases may require the local use of styptic colloid, or Faradisation.

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## 181.—Intertrigo (*Intertrigo*)—Chafing—Soreness of Infants.

Definition.—Redness and chafing produced by the friction of two folds of skin, especially in fat children and adults: it is seen in the groin, axilla, and neck; sometimes a fluid is exuded, the acridity of which increases the local mischief, and presently an offensive raw surface is produced.

Intertrigo differs from Eczema in its acute course, and in the character of the secretion, which is clear, and does not stiffen linen.

Epitome of Treatment.—

Cham. (*in infants*); Calc.-C. (*scrofulous children*); Lyc.

[1] See *H. World*, v. iv. p. 145.

(*obstinate cases*); Merc. (*rawness and great soreness*); Sulph. The parts should be *well washed with cold or tepid water, and carefully dried*, two or three times a day; a piece of linen, saturated with *Calendula-lotion*, may be laid between the opposed surfaces; or, in bad cases, a lotion composed of one part of tincture of *Hydrastis* to ten of *Glycerine* may be applied in the same manner.[1]

Dusting the chafed parts with a fine powder consisting of equal parts of powdered *Lycopodium* seeds and *Oxide of Zinc*, or of Fuller's earth, is very useful.

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## 182.—Roseola (*Roscola*)—Rose-rash—False Measles.

Definition.—A simple, non-contagious rash, of a *rose-red* or *pink* colour, occurring in patches, about half an inch in diameter, and associated with more or less febrile disturbance. There is also slight itching, sense of heat, and sometimes redness of the mucous surfaces of the palate and fauces.

Varieties.—*Roseola æstiva*—appearing in the summer-time only; *R. autumnalis*—in autumn; *R. symptomatica*—occurring during the course of other diseases; and *R. annulata*—distinct rings of redness, with an unaffected centre.

The disease is apt to occur in infants, when it comes and goes perhaps for several days, accompanied by local heat and itching, especially at night.

Roseola may at first be mistaken for *Measles* or *Scarlet fever;* but there are no catarrhal symptoms as in *Measles;* and no grave symptoms, as in *Scarlatina;* there are also no "wheals," as in *Urticaria.*

Treatment.—*Acon.* is usually sufficient. A dose may be given every three or four hours several times. If the itching

[1] See *H. World*, v. iv. p. 191; v. vi. p. 75.

be very troublesome, the parts may be moistened with a lotion of one part of *Acon.* tincture to twenty of water. *Rhus* or *Bell.* may sometimes be required.

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## 183.—Urticaria (*Urticaria*)—Nettle-Rash.

Definition.—A transient, non-contagious affection, characterised by an eruption of prominent patches or wheals, either redder or whiter than the natural skin, of regular or irregular shape, with heat, tingling, and itching, more or less severe. The wheals are probably produced by muscular spasm affecting limited portions of the skin.

Varieties.—Urticaria may be acute or chronic. Of *acute* cases there are two kinds:—*Urticaria febrilis*—marked by much febrile disturbance; and *U. conferta*—distinguished by the great number and frequent coalescence of the "wheals." *Chronic* Urticaria may be *U. evanida*—evanescent, without febrile symptoms, and with trifling redness; *U. perstans*—persistent nettle-rash; *U. subcutanea*—"subcutaneous Nettle-rash, a nervous affection of the limbs, accompanied at intervals with an eruption of Nettle-rash;" and *U. tuberculata*—characterised by the production of elevations of considerable size, extending deeply into the subcutaneous cellular tissue.

Symptoms.—Similar to or more intense than those produced by nettle-stings. The eruption consists of elevations, occurring in streaks or wheals of an irregular shape, on a red ground; the character of the rash becomes much more marked after scratching or rubbing, "so that it is possible, by using the nail of the finger, to write one's name on the skin;" it is generally worse in the evening, and when the body is exposed to cold air. There is much tingling and burning, and often the eruption, after disappearing suddenly from one part, shows itself in another. "In the Urticaria from irritant food—*Urticaria abingestis*—hyperæmia and burn-

ing heat are present in the most aggravated form" (*Wilson*). The spots contain no fluid, and do not end in desquamation. It is most common in spring and early summer, is not contagious, may occur at any age, and in the same person repeatedly.

Causes.—Derangements of the digestive organs, following the use of some particular kinds of food, among which we may specify bitter almonds,[1] cucumbers, mushrooms, oatmeal; shell-fish, especially muscles; and certain kinds of medicines, such as *Cubebs*, *Copaiba*, *Valerian*, etc. Also mental depression, anxiety, defective innervation, and sometimes, according to Hebra, uterine irritation. The skin being extremely sensitive, it is easily excited by external irritants—such as the wearing of flannel next the skin, the bites of fleas, the sting of bees, etc.

Chronic, also intermittent, Urticaria is frequently associated with uterine or other diseases, and is often very obstinate. Cold, damp, rapid changes of temperature, and Dentition, favour its development in patients predisposed.

Epitome of Treatment.—

1. *Simple Urticaria.*—Apis, Urt.-U., Acon., Chlor.-Hyd.

2. *From Gastric disorder.*—Ant.-C., Nux V., Puls.

3. *From cold.*—Acon. (*from draughts and cold winds*); Dulc. (*from damp*).

4. *Associated with other affections.*—Bry., Cimic., Rhus (*rheumatic patients*); Colch. (*gouty subjects*); Ars., Ipec. (*Asthma*); Puls., Hydras. (*uterine irregularities*).

5. *Chronic cases.*—Ars., Chin.-Sulph. (*intermittent*); Apis, Sulph., Chlor.-Hyd.

6. *Special symptoms.*—Acon. (*febrile disturbance*); Chlor.-Hyd. (*appearing when warm in bed*); Bry. (*sudden retrocession*); Ign., Anac. (*mental depression and confusion*); Coff. (*sleeplessness and nervous irritability*).

[1] See *H. World*, v. vii. p. 58.

Accessory Measures.—A general *warm bath* is invaluable; it soothes the skin and often cures at once. When the eruption is thoroughly out, the heat and irritation may be materially alleviated by smearing the whole surface of the body with fresh-cured bacon, or the parts may be rubbed with slices of lemon.

Hygiene.—A dry, uniform, and moderate temperature; plain food; plenty of open-air exercise; great cleanliness. Draughts, changes of temperature, indigestible food, and all exciting causes, must be removed and avoided. If flannel be worn, it should be over a garment of a different material.

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## 184.—Prurigo (*Prurigo*)—Itching of the Skin.

Definition.—"A chronic affection of the skin, characterised by a thickened and *discoloured state* of that membrane, with *excessive itching*, and, generally, an eruption of *papulæ*."

Symptoms.—*Intense itching*, and creeping sensation; patients scratch and tear themselves till the blood flows; their sleep is frequently disturbed, and their existence is thus often rendered almost unendurable; or the impulse to incessant scratching is so powerful as to induce the patient to seek seclusion. Sometimes the itching is diffused irregularly over the surface; at other times it affects the extremities; frequently it occurs around the anus, or on the scrotum, or on the female genitals. It is often a horrible and most obstinate disease.

Causes.—The *predisposing* are—constitutional taint, senile decay, chronic disease, etc. It is generally a symptom of lowered vitality, or of decay of the skin; the skin loses its elasticity, firmness, and fat, and its secretion is disordered. It has been thought that the disease was caused by *pediculi*;

but it is not so. Pediculi are only present in Prurigo in uncleanly persons. *Exciting* causes are—rich, indigestible food, stimulating drinks, extreme heat or cold, etc. In summer-time a mild form sometimes attacks young persons.

TREATMENT.—*Aconitum.*—Furious itching all over the skin, *with febrile symptoms.*

*Sulphur.*—Severe itching, attended with thirst and *dryness of the skin,* worse in the *evening* and *in bed.* This is generally a prominent remedy, and it is frequently specific, especially in recent cases.

*Arsenicum.*—Itching with *burning;* or an eruption emitting watery fluid like sweat, and attended with much constitutional *weakness.* It is most suitable in *chronic* cases.

*Ignatia.*—Itching of the skin, of a fine, pricking character, resembling flea-bites, and changing from one part to another.

Other remedies are sometimes required:—*Merc., Carbo V., Rhus,*[1] *Mez., Apocy., Caust.*[2]

ACCESSORY MEANS.—The skin must be strengthened by wholesome and regular diet, frequent exercise in a bracing air, and *daily ablutions with cold or tepid water,* shower-baths, etc. Without these measures medicine will be of little permanent use. Stimulating food or drink, pastry, rich sauces, pickles, and indigestible food generally, must not be indulged in. The use of ointments is generally injurious. Scratching must be avoided. In severe cases, temporary relief may be obtained by bathing the parts with alcohol and water in equal proportions; or with *Mezereum lotion* (one part to ten of water); or by sponging the skin, on retiring to bed, with a warm infusion made by pouring boiling water on bran.

*The Wet Compress.*—Prurigo, if confined to one or two places, is much benefited by the constant use of a wet compress over the affected part; for although it often increases

[1] See *H. World,* v. iii. p. 292. [2] V. v. p. 279.

the irritation at first, it finally assists nature in expelling the morbid matter.

Scratching.—Notwithstanding the incentive to scratching in Prurigo and other skin affections, the practice greatly aids in keeping up the irritation and increasing the disease. On this point the following remarks by Dr. Tilbury Fox well express a condition we have often observed :—

"When the disease is *non-contagious*, secretion, if present, may be transferred (by scratching), and, when acrid, sets up local inflammation; and, when *contagious*, scratching is the surest method of inoculation, as in the case of the contagious Impetigo or Porrigo. Children in this way transplant the disease from the head to various other parts of the body. Mothers, beyond a doubt, get it about their hands from children."

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## 185.—Lichen (*Lichen*).

Definition.—A non-contagious chronic disease of the skin, characterised by the appearance of small hard papules, about the size of millet-seeds, uniform, slightly red, or of the same colour as the skin, closely grouped, but distinct from each other; there is itching, and the skin is generally dry and thickened. When disappearing, very fine, dry, greyish scales are formed.

The disease appears on different parts of the body, but generally on the front of the fore-arms and hands, the sides of the neck, and the face.

Varieties.—*Lichen simplex*—occurring in summer; *L. pilaris*—the follicles of the hair being the seat of the affection; *L. circumspectus*—the pimples being grouped in small circular patches, with a well-defined border, sometimes with a clear centre; *L. agrius*—the most serious form of the disease, is seen in grocers, bakers, bricklayers, and washerwomen, sometimes called "baker's itch;" the pimples are

very close, red, inflamed, and have a secretion, with intense itching and burning, febrile symptoms, pains in the limbs, gastric derangements, etc., and lasting, in the acute stage, ten or fifteen days; or, *L. tropicus*—"prickly heat," which occurs chiefly in hot climates, attacking the parts covered by the clothes, accompanied by a peculiar tingling and pricking; the papillæ are of a vivid-red colour, about the size of a pin's head, but there is no redness of the skin generally: the disease sometimes occurs in this country.

CAUSES.—Constitutional predisposition; irregularities in habits or diet; certain occupations, as those of cooks, bakers, grocers, etc.; hot weather or climate,

EPITOME OF TREATMENT.—Sulph. (*simple*); Ant.-Crud. (*with digestive derangements*); Apis *or* Led.-P. ("*prickly heat*"); Ars. (*L. agrius; chronic cases*) Nux Jug., Sulph.

ACCESSORY TREATMENT.—Simple, unstimulating food and drink; proper attention to the general health. The daily tepid or cold bath is both preventive and curative of "prickly heat." It is seldom seen on the face, neck, and hands of persons who frequently wash those parts. See "Causes," and also "Accessory Measures," in the two previous Sections.

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## 186.—Strophulus (*Strophulus*)—Red-gum—Tooth-rash.

VARIETIES.—Strophulus may be red or white. *Red Strophulus* (*red-gum*) begins as red blotches, each slightly elevated in the centre; the redness soon fades, and the central elevation enlarges and forms a flattened pimple. They occur on the face, neck, arms, and may even extend over the whole body. *White S.* consists of pearly, white, opaque pimples, smaller than the preceding—about the size of a pin's head, usually on the face and arms.

Cause.—The appearance of Strophulus, as of Nettle-rash, on the body of an infant is certain evidence of *unsuitable diet*, and of derangement of the digestive functions. It is also most frequent in children who are kept too much in hot rooms, and excluded from the fresh air.

Treatment.—*Chamomilla.*—This remedy is generally the best, and is often sufficient. A dose thrice daily.

*Ant.-Crud.*—Associated with *Indigestion*, white tongue, etc. *Puls.* may also be required under like conditions.

*Calc.-Carb.*—With *chronic Acidity.*

Accessory Means.—The regulation of the diet; abundance of fresh air; clothing sufficient to protect the body from cold, and, at the same time, permit of the access of air to the skin; and daily use of the cold or (at first) the tepid bath. Favourable hygienic conditions are necessary in every case, or medicine will prove inefficient. Local irritation from teething, acidity, etc., should be corrected.

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## 187.—Pityriasis (*Pityriasis*)—Branny Tetter—Dandriff.

Definition.—A superficial cutaneous affection, in which there is desquamation—the skin falling off in whitish bran-like scales. Also more or less redness, itching, and heat.

The disease may occur on the head (*Dandriff*), eyelids, or other parts of the body. The scales are continually shed and reproduced, but there is no discharge.

Treatment.—*Arsenicum* is generally homœopathic. A dose may be given thrice daily. *Graph.* or *Lyc.* may be given if *Ars.* be not sufficient.

Accessory Means.[1]—Frequent baths, and hard rubbing after shampooing the scalp, checks the formation of Dandriff

[1] See *H. World*, v. vii. p. 164.

there. As an application, Glycerine-of-borax is often of great service. *Perfumed Carbolic Acid* makes one of the best hair-washes, and its occasional use tends to cure Dandriff.

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## 188.—Psoriasis (*Psoriasis*)—Lepra Vulgaris—Dry Tetter.

Definition.—A non-contagious cutaneous affection, characterised by well-formed, dry, and whitish scales, without vesiculation or pustulation, accompanied by cracking of the skin, and having a disposition to recur.

The general health is not appreciably affected, there being few if any symptoms beyond slight itching, which is worst at the commencement.

The cutaneous eruption which has long been known as *Lepra* is now allowed to be merely a variety or a declining stage of Psoriasis, and not a separate affection (*Tanner*).

Varieties.—In the common form of Psoriasis there are whitish, minute spots, made up of dry, silvery-looking scales, heaped together on tawny-red patches of skin about the extensor aspects of the elbow and knee, and other places where the bones are near the surface (*P. vulgaris*); when the spots are larger, they resemble drops of mortar, and are found on the breast, back, and limbs (*P. guttata*); then the eruption may be more developed, and extend over a larger surface, sometimes covering an entire limb (*P. diffusa*); when the eruption runs together in a serpentine form, the scales are thin, and quickly reproduced (*L. gyrata*); when the scales are large, dry, and adherent, and the patches thickened and cracked, a slight discharge may occur, causing scabs,—this is the chronic form (*L. inveterata*).

Psoriasis progresses by an increase in the size and number of the patches, and their extension along the extremities to

the trunk. On the other hand, the cure of the disease is marked by diminution of the scales, and more full exposure of the surface beneath, until gradually the eruption disappears, leaving little or no trace of its former existence. It is sometimes, however, a most obstinate disease.

Causes.—Psoriasis occurs in persons apparently in good health, but who are probably suffering from some form of defective nutrition, as too rapid growth, bad living, overstudy, anxiety, prolonged lactation, etc., especially where a disposition, often hereditary, exists. The frequent use of stale dried fish, and the want of fresh unboiled vegetables, are probably frequent causes.

Treatment.—Merc., Iod., Ac.-Nit., Iris,[1] Sulph., Lyc, K.-Hydriod.; Petrol.[2] (*obstinate cases, scaly patches with deep fissures*); Ac.-Carbol.,[3] Teuc.,[4] Ars. (*chronic and inveterate cases*). *Ars.* is an excellent remedy, and may be given for two or three months in gradually increasing doses. Veterinarians give this drug freely to horses, and it causes great improvement in their coats.

Accessory Means.—*Local.*—Warm baths; preparations of *Glycerine* (see Sec. 27), if the skin be much cracked, or occasional poultices if it be very hard. The application of the ointment of the *Iodide of Sulphur*, or Carbolic Acid and Oil, often proves most useful in Psoriasis. It should be preceded by a warm bath. *General.*—Nourishing diet, including frequent small quantities of unboiled vegetables; for growing persons, Cod-liver oil (see Sec. 22), except when stale fish is the cause. Any defects in the functions of digestion and assimilation should, if possible, be corrected. Patients who have been overtaxed in mind or body should have rest and change. The daily habit of *bathing or cold sponging* should be adopted, and will, to a large extent, prevent relapses. Warm or tepid

[1] See *H. World*, v. vii. pp. 156, 157. [2] V. iv. p. 74; v. viii. pp. 59, 111.
[3] V. vi. p. 274. [4] V. vii. p. 260.

soft-water baths, with the use of *pure soap*, at bed-time, softens the scales, and promotes the healthy functions of the skin. Free *out-of-door exercise* is also most useful, and favours the healthy action of the lungs, liver, and the whole of the digestive organs.

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## 189.—Herpes (*Herpes*)—Shingles—Tetter.

Definition.—*Large vesicles*, or small blebs, distinct from each other (not confluent as in Eczema), occurring in patches on different parts of the body, having an inflamed base, and containing fluid,—at first clear, then milky, afterwards quickly disappearing,—and ultimately shrivelling, leaving scabs, or being ruptured, they dry up into light-brownish scabs.

Varieties.—There are fourv arieties. *H. phlyctenodes*, sometimes called *Nirles*—commences with a sense of local heat and inflammation; upon this ground arise round grouped vesicles, from ten to twenty, in patches varying from the size of a sixpence to that of a five-shilling piece, of which there are several, surrounded by a red areola, and mostly occurring about the face, neck, and upper limbs. *H. circinnatus, vesicular* (not the common) Ringworm—disposes of itself in rings, and *H. iris*—in the form of rainbows. *H. zoster* or *zona*, commonly called *Shingles*—has the nature of the first variety, but derives its name from its manner of encircling one half of the body. It is an acute disease, lasting from fourteen to twenty days, and follows the course of one or more of the cutaneous nerves, generally stopping short in the middle, though it may extend across to the other side, and has the appearance of a line of patches, like a belt, half round the body. It generally affects the trunk, chiefly on the right side, but occasionally the face, shoulder, abdomen, or upper

part of the thigh. Herpes frequently appears on the lips of persons suffering from Pneumonia, Intermittent Fever, Ephemera, and epidemic Cerebro-spinal Meningitis. It is most common in the young, particularly during change of weather, and is often preceded by neuralgic pains, the eruption following in the same locality. In some rare cases, Ulceration may supervene; there may be much pain, smarting, or burning; and the scars may remain for some time. There is a remarkable connection between *Herpes zoster* and the nervous system: the latter always determines the seat of the former; and it is now well established that it depends upon disease of the trophical fibres of the motory and sensory nerves supplying the part. Zona is much dreaded, and uninstructed nurses foolishly state that if the patches extend round the body, death is certain to result. There is, however, no danger, unless the patient be very old and feeble.

General Symptoms.—In addition to what is stated above, there is often a feeling of *malaise*—feverishness, Headache, shivering—and, perhaps, neuralgic pain in the side (*Pleurodynia*, see Sec. 89), which may be very acute, especially in Shingles. The disease is mostly accompanied by sensations of heat, tension, and burning, felt even before the appearance of the eruption, and is followed by weakness and depression. When the disease occurs in the aged, or in persons of feeble constitution, there is much debility, and Ulceration may arise, further debilitating the patient.

Cause.—*Irritation of the nerves*—as when Catarrh affects the air-passages, and Herpes is developed on the nose or lips; or during the course of other diseases.

Epitome of Treatment.—

1. *Earliest symptoms.*—Acon. (*with neuralgia consequent on anxiety*, etc.).

2. Developed Herpes.—Rhus[1] (*in all simple cases*); Sulph.

[1] See *H. World*, v. viii. pp. 37, 58.

(*to follow* Rhus *if necessary*); Ars. (*Neuralgia, and in debilitated constitutions*); Phyto., Graph. (*ulcerous conditions; and in old persons*); Phos. (*consumptive patients*); Tellur.,[1] Phos., Sep. (*Herpes circinnatus*).

3. *Pleurodynia.*—Ran.-Bulb. See Section 89.

4. *Additional Remedies.*—Mang., Staph., Cist., Nat.-Mur., Comacladia.

Accessory Measures.—The daily bath; plenty of out-of-door exercise; and the "Accessory Measures" suggested in Section 89. For local application, see "Glycerine" (Sec. 27).

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## 190.—Eczema (*Eczema*)—Catarrhal Inflammation of the Skin—Scalled Head—Milk-crust.

Definition.—Eczema, or Ekzema, as it is now frequently spelled, is essentially a Dermatitis or catarrhal Inflammation of the skin characterised by more or less superficial *redness*, of small *closely-packed vesicles*, usually not larger than a pin's head, which run together, burst, and pour out a *serous fluid*, that dries into thin yellow *crusts*. The exuded fluid has the property, when dried, of stiffening linen, which distinguishes this from other skin diseases. Pain, smarting, or itching, are also present.

Eczema is one of the most common eruptions, constituting one-third or more of all skin affections; it lasts a varying time, in consequence of successive local developments, and its tendency to spread. After its disappearance no traces are left of the disease.

Symptoms.—The most usual is a red surface with vesicles or fissures from which the serous fluid exudes. A great plane of interwoven capillaries renders the skin very vascular, and gives rise to a copious exudation. The deeper layers of

[1] See *H. World*, v. vii. p. 139;

cuticle, including that lining the sweat ducts, appear most implicated. The vesicles *appear in successive* crops, may prolong the disease for an indefinite time, and are attended with *itching* and local *heat*. The skin is irritable; occasionally excoriations or crackings of the part occur, and sometimes the parts around the patch inflame, probably from the irritating nature of the discharge. If no vesicles be apparent, the disease may be recognised by the skin feeling thick when raised by the finger and thumb, by the starchy nature of the discharge, the formation of thin yellow crusts, and the irritation. The most common seats of the patches are the scalp, behind the ears, the face, the forearms, and the legs, and its appearance differs greatly in each of these locations. If the disease be extensive, there may be considerable fever, a pallid appearance, Headache, loss of appetite, etc. The mucous surfaces may become the seat of Inflammation, either by the spread of the disease from the skin or as a consequence of the general condition. The retrocession of Eczema may be followed by other diseases — Diarrhœa, Bronchitis, or Leucorrhœa in the female.

Varieties.—The chief are *E. simplex*, in which the inflammation and irritation are moderate. This variety often results from exposure to the sun's rays; or it may be caused by irritants—heat, cold, bad soap, etc. If it occur in hot weather, the patient complains of fever, a "heated state of the blood," etc., and the eruption follows, appearing on the exposed parts of the body—the face, neck, arms, back of the hands, etc.: this condition is commonly called "*heat spots*." *E. rubrum* is a more highly inflammatory variety, the eruption being *very red* and shining, and there is much general disturbance; the *burning* is severe; brownish scabs are formed; and the parts usually affected are the *flexures* of the body—the inner side of the thigh, groin, elbow, wrist, etc.: it is apt to become chronic in old persons, and when it

occurs about the legs, is called "the weeping leg," and often leads to Ulcers. It often occurs on legs affected with varicose veins. *E. impetiginodes* is the variety which occurs in lymphatic and debilitated children, especially those who have a tendency to the formation of *pus;* the discharge is soon mixed with pus, which forms greenish-yellow thick scabs: it is commonly seen on the heads of infants (*Porrigo, Capitis, Scalled-head*), and is a combination of Eczema and Impetigo. *E. chronicum* is the common form of any of the foregoing kinds of the disease; it often oscillates between cure and recurrence; and the skin becomes harsh, dry, red, and thickened. Syphilitic or scrofulous complications render the disease very intractable.

Causes. — Eczema probably depends upon constitutional irritability, and is sometimes hereditary; hence trivial exciting causes are sufficient to develop the disease—the action of the sun's rays, heat, cold, the use of cosmetics, paints and washes, and stockings dyed with aniline, etc. In adults, it is a common sequel to overwork, anxiety, irregular habits, etc. The strapping of ulcerated legs with plaster, especially if there be Varices and an irritable constitution, is sometimes a cause. The rash developed by sulphur-baths, the rubbing in of Croton oil, and also that following hydropathic treatment, is eczematous. Shoemakers, who sit long with their thighs together, grocers and cooks, from handling sugar, etc., washerwomen, from the frequent use of soda and soap, bricklayers and builders, from the contact of lime, and others, from similar causes, are liable to Eczema. In infants it is often due to friction and irritation of clothes wet with urine, improper food, impoverishment of the mother's milk, or want of attention to her general health. It is impossible to overestimate the influence of improper diet in the production of Eczema.

Epitome of Treatment.—

1. *Earliest symptoms, and in Eczema simplex.*—Acon. in alternation with Rhus; Canth., Sulph.]

2. *E. rubrum.*—Ant.-T.; Ars. in alternation with Bell.; Crot.-Tig. (*if there be sickness or painful Diarrhœa*); Merc.-S., Hep.-S., K.-Bich., Calc.-C., Ac.-Nit.: Crot.-Tig.[1] 2x may be applied externally, and often exerts a marked favourable action.

3. *E. impetiginodes* and *chronicum.*—K.-Bich., Crot.-Tig., Ars., Merc., Hep.-S., Calc.-C., Sil., Nux Jug., Viola Tric., Lyc. (*Milk-crust* and *Porrigo Capitis*). When the scalp or other hairy part is affected, Carbolic-acid ointment (ʒss to pure lard ʒj) for neutralising the fœtor, and destroying pediculi. The hairs should be clipped short, and semi-purulent scabs removed by *bran-poultices*, and steeping with the water in which that material has been boiled. *Mashed turnip poultices* are also recommended.

Accessory Measures.—The parts should be kept clean by frequent gentle washing with cold or tepid *soft water*. *General Baths* are of the greatest utility in Eczema, as in all other chronic skin disorders, for they stimulate the healthy surfaces to increased activity, and so compensate for the imperfect action of the diseased portions. The great vascularity of the skin, its large daily secretions, and its breathing power in aid of the lungs, prove how corrective the healthy play of its functions must be in cases of threatened mischief to the internal organs. Perhaps there is no hygienic habit inculcated in this Manual commensurate in value with the morning bath, taken in one of the forms and according to the principles enunciated in the first chapter. In ragged schools, where each child has been compelled to take a bath as he entered school, great cleanliness, wholesomeness of the air, and exemption from contagious skin diseases have been found to result. With such convictions of its value, we are glad to know that bathing is being increasingly adopted by the intel-

[1] The homœopathicity of Croton is shown by the fact that rubbing in of this oil quickly develops an eczematous rash.

ligent and well-to-do classes, although it is sadly neglected by the illiterate and the poor.

*Pure soft water* is an agent of great value, and in many cases the only remedy needed. Hard water is irritating, and when rain water cannot be obtained it may be softened by boiling, and the addition of bran, flour, or other mucilaginous matters, which further abstract the lime salts. The washing should be done so as not to spread the irritating discharge over unaffected surfaces, and afterwards well dried by pressure with a soft cloth, not by rubbing; *Petroleum Soap*, or *Transparent Soap*, is recommended to be used in washing. *Crot.-Tig.*, 2x or 3x dil., may be used as a direct application afterwards; often a single application will suffice, or at most two or three; glycerine (see Sec. 27) may then be used to allay irritation. Soft-water compresses, especially in the earlier stages of the disease, are very useful. In the weeping stage of Eczema, when the inflammation is but moderate, *Carbolic-acid* ointment (Ac.-Carbol. guttæ xx, lard ʒj) allays the itching and hastens recovery. To relieve the irritation, *Bismuth* ointment (Bism. ʒj, lard ʒij) is invaluable. Varicose veins, and the consequent Congestion, usually lead to Eczema, as well as other eruptions on the legs, and suggest the value of *elevation* as an element of treatment. The clothes should not be allowed to produce friction on the parts. Vegetable food, especially such as is eaten uncooked—lettuces, celery, watercresses, etc.—may be taken, for vegetables contain potash salts, which are abstracted in the process of boiling. The general health must also be regulated. *Cod-liver oil* is especially recommended.

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## 191.—Impetigo (*Impetigo*).

Impetigo, a common disease of infants, is a severe, sometimes contagious, purulent Inflammation of the skin, and has been described as *Pustular Eczema* by some writers.

Symptoms.—The disease is characterised by an eruption of small semicircular, flattened pustules, grouped in clusters, having a tendency to run together, forming thick and moist yellowish scabs or incrustations; and attacks the ear, nose, scalp, and face. In children, the eruption and its yellow tenacious secretion sometimes cover the face or head like a mask, the discharge matting the hair together into a sour-smelling mass, beneath which the surface is red and tender. It is this form of the disease to which the term *Crusta lactea* (milk-crust—*Porrigo larvalis*) is most correctly applied.

Causes.—Poor diet; strumous disease, and irritations of the skin; infection.

Treatment.—*Viola Tric.* for simple Crusta lactea; *Ant.-T.*, *K.-Bich.*, *Ant.-C.*, or *Ars.* When the scabs get thick and hard, they should be softened with fresh butter, and then removed by means of poultices of bran or linseed-meal, and carbolic-acid ointment be kept smeared over the part for a week afterwards. *Ung. Hydrarg.-Nit.-dil.* is an excellent local application. See also Section on "Eczema."

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## 192.—Acne (*Acne*)—Pimples.

Definition.—"A chronic Inflammation of the sebaceous glands and hair-follicles, characterised by an eruption of hard, conical, and isolated elevations of moderate size, and various degrees of redness."

Names and Varieties.—The word "acne" (which in all probability was given in error for *acme*), was intended to signify the occurrence of the disease at the *acme* of man's development—puberty, when, indeed, the simple form is most common. In *A. punctata* there is simply a collection of sebaceous or suety matter, in the form of a pointed eruption: this collection, when squeezed out of the skin, is

emitted in a cylindrical form, having the appearance of a small grub or maggot (*comedones*), hence it is sometimes called "maggot-pimple," or "whelk;" it is most frequent in young females. *A. indurata*—sometimes called "stone-pock"—describes the disease when it is chronic and indolent, and when the pimples are become *hard*, with a dusky-red base; they are often painful, and produce a sensation of tightness about the face, the skin being congested and thickened. *A. rosacea* is seldom seen in young persons, but sometimes occurs in women in whom the catamenial function is imperfect; the redness is bright, there being much congestion; the veins are varicose, the face is much disfigured, the surface is red and dotted over with pustules, the skin is thickened, and food and stimulants produce great burning and flushing of the face. Alcohol, by flushing the face, causes what are termed "rosy-drop," "grog-blossom," etc., which are spots of Acne. "The physiognomy of the disease," writes Professor Wilson, "is made familiar to our minds by the words of Shakspeare, when he tells us with regard to Falstaff, that

'His face is all bubukles, and welks, and knobs, and flames of fire.'

And in a few words the rosy spot may be said to be a *protest* of the fifth pair of nerves against ill-treatment received by the gastric portion of the eighth."

It must, however, be remembered that the disease is not necessarily connected with frequent alcoholic stimulation, since it sometimes occurs in the abstemious. *A. strophulosa* (*Strophulus albidus*)—"white Gum-rash"—consists of small *white* pimples, chiefly about the face and neck (see Sec. 186).

Occasionally, in uncleanly persons, an *acarus* is discovered in the sebaceous follicles, called the *Demodex folliculorum*.

Causes.—Congestion of the sebaceous follicles. This condition may be induced by various internal and external

agencies; by the stomach, which has a great reflex action on the face, as seen in flushings after food, etc.; by enervation, intemperance, Constipation; physiological changes (as puberty); menstrual irregularities, and sexual abuse by young men; cold; the use of cosmetics; neglect of cleanliness, etc. It is of most frequent occurrence in the spring season, and then often returns for several successive years. According to Dr. Tilbury Fox, lymphatic persons, and those of a phthisical tendency, are most prone to Acne.

Epitome of Treatment.—

1. *Acne punctata in young persons.*—Bell. (*bright-red pimples; and in plethoric persons, with scarlet flushings*); Puls. (*females with usually cold, pale face, menstrual irregularities*); Ac.-Phos. (*weakly persons*); Bary.-Carb. (*maggot-pimple*); Bor.

2. *A. indurata.*—Sulph.; Calc.-C. (*with chronic acid Dyspepsia*); Iod.[1] *K.-Brom.* has great power over this affection, and the medical journals report cases in which long-continued Acne has entirely disappeared while this drug was being taken for other diseases. On the other hand, twenty-five-grain doses, thrice daily, have been known to develop an eruption of Acne.

3. *A. rosacea.*—Ant.-C., Rhus, Nux Jug., Carbo An., Jug.-C.;[2] Opi. (*dusky-red bloated appearance*); Nux V. (*Dyspepsia, Constipation*, etc.); Ars. (*chronic or severe cases, with debility*); Agar. The last four remedies are also well adapted to the condition when produced by alcoholic toxication.

4. *A. strophulosa.*—Ant.-C., Calc.-C., Hep.-S.

[1] Hebra states that many persons, if they take *Iodine* internally, are affected with an outbreak of numerous papules of Acne on the face, chest, and back, which in some cases quickly change to pustules, in others, remain for a time unaltered. They often prevent perseverance in the administration of a medicine otherwise indicated, and quickly disappear on its discontinuance without leaving a scar behind.

[2] See *H. World*, v. v. p. 83.

Accessory Means.—Hygienic measures and the correction of faulty habits are of the first importance in chronic Acne. Indigestion, menstrual derangement, debility, or any other constitutional or local affection associated with Acne, should be corrected.

The *diet* should be simple and frugal, and uncooked vegetables and fruits freely eaten. Daily out-of-door exercise is favourable to the cure. *Soft-water* baths are of great value in this affection, although on first commencing them they may appear to aggravate the disease. In addition to the morning general cold-bath, the parts should be frequently washed or douched with *hot water*. Acne *punctata*, according to Ringer, is efficiently treated by washing the face or other part affected, with hot water and plenty of soap several times a day. The orifices of the sebaceous follicles are kept open, and the accumulation of superabundant secretion prevented. If by this treatment the skin becomes rough, red and painful, it should be well rubbed with Glycerine of starch after each washing. All cosmetics, paints, etc., must be avoided. Vigorously brushing the nodules with a toothbrush and soft-soap is said to be exceedingly efficacious.

*A lotion* (one part to twenty of water) of one of the following drugs, according to the indications, often relieves irritation and hastens the cure: *Bor.*, *Sulph.*, *Agar.*, *Rumex*, or the dilute *Ac.-Phos.*

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## 193.—Sycosis (*Sycosis*) Mentagra—Barber's Itch—Chin-whelk.

Definition.—Inflammation of the hair-follicles of the beard and whiskers not associated with Syphilis.

It is a kind of "Acne of the beard." The name *Sycosis*—fig-like—was given to the disease from its supposed resemblance, when fully developed, to the inside of a fig.

In some cases a parasite is discovered, which may be either the *Microsporon mentagrophytes*, or the *Demodex folliculorum*. Dr. Fox and others hold that Sycosis is altogether a parasitic disease, and hence call it *Tinea Sycosis*. Sycosis is transmissible by contagion, from the use of a razor previously employed in shaving an affected person. Bad cases of *Sycosis Contagiosum* have been recorded from the use of razors that had immediately before been used in shaving persons with "bad chins." This method of transmission has been often noticed, and we call attention to it to suggest the preventive means—viz., the immersion of the razor in hot water, and wiping it before use.

Symptoms.—It is a disease of adult life: it commences insidiously, a red itchy patch being first noticed, which, after rubbing or scratching, and the lapse of a little time, becomes much more troublesome, as the follicles enlarge and pustulate; there is considerable sensation of burning, and shaving is very painful. Successive crops of pustules appear, often grouped together, the fluid exuded becoming dry, and forming into crusts. The hairs become dull, brittle, and easily removed; and much discomfort, and sometimes disfigurement, is the result. The disease is very apt to become chronic, recurring at certain seasons.

Treatment.—The disease is often very obstinate. The remedy which has been found most curative is *Ant.-T.*, used internally and externally. *Lyc.* and *Ant.-C.* have been suggested; but we have found no benefit from the latter. As an external application, we can recommend the following preparation: *Ant.-T.* gr.ss., *warm* water ʒss; when the Antimony is fully dissolved, add Glycerine ʒss, and, *after first washing and well drying*, apply to the affected parts twice or thrice daily. In practice we have not found *epilation* necessary. The general health should be improved.

Should the disease resist this treatment, the existence of

a parasite may be inferred, and *Sulphurous Acid*, or dilute *Carbolic Acid*, should be applied locally, by means of a spray-producer, several times a day, for a short time.

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## 194.—Chilblain (*Pernio*).

Definition.—A low kind of Inflammation of the skin, generally affecting the hands or feet, attended with itching, tingling, burning, swelling, and sometimes Ulceration.

Chapped-Hands.—This affection consists of slight inflammation of the skin of the back of the hands, which becomes cracked or "chapped." It occurs in frosty weather, when it sometimes gives rise to much inconvenience and pain. It requires similar external treatment to *Chilblains*.

Causes.—Exposure to cold, damp, or to sudden changes of temperature; warming the hands and feet by the fire when cold or damp. Delicate persons, with a constitutional predisposition to skin-disease, are chiefly affected.

Epitome of Treatment.—

1. *Simple Chilblains.*—Arn.; Tamus Communis $\phi$ as a paint; Bell. (*bright-red shining swelling, and pulsative pains*); Puls. (*blue-red appearance, pricking-burning pains, worse towards evening*); Rhus (*inflamed Chilblains, with excessive itching*); Canth.; Sulph. (*great itching increased by warmth; obstinate cases; and to remove the predisposition*).

2. *Broken or cracked chilblains.*—Petrol. (*general unhealthy state of the skin, with a tendency to fester*); Bell., Agar., Rhus.

3. *Ulcerated.*—Ars. (*burning pains*); Petrol.; Phos. (*fœtid discharge, and when occurring in unhealthy subjects*); Kreas., Ac.-Nit.

4. *Frost-bite.*—The part should be well rubbed with snow, afterwards with cold water, in a room without a fire, to prevent too sudden reaction.

Local and General Treatment.—All the remedies prescribed may be used both internally—in the dilutions marked, pp. 80, 81—and externally—in strong tincture or a low dilution, according to the power of the drug, either in the form of lotion or cerate. *Arnica* lotion or cerate should never be used for *broken* Chilblains. *Tamus Communis*, externally applied, in the case of *unbroken* Chilblains, is an almost infallible cure. *Glycerine*, *Glycerine of starch*, or one part of *Glycerine* mixed with two parts of *Eau-de-Cologne*, form an excellent remedy for Chilblains, Chapped-hands, *fissures* or *cracks*. It removes the stinging, burning sensations, and makes the parts soft and supple. Ulcerated Chilblains require a poultice, or other mild application, until relieved. The soreness of Chilblains and Chapped-hands may be removed or mitigated by applying soft linen rags squeezed out of cold water, and then covered with oiled silk. This compress should be applied on going to bed; it equalises the temperature of the part, improves the nutrition of the skin, and diminishes the tendency to the re-formation of Chilblains.

Preventives.—As Chilblains generally occur in persons whose circulation is defective, regular exercise in the open air, the free use of the skipping-rope, and wholesome nutritious diet, are necessary to prevent their recurrence. Pork, salted meats, and all irritating or indigestible articles of food, should be excluded from the dietary. Extremes of temperature are to be avoided; also cold stone floors, and suddenly approaching the fire after coming in from the cold, or warming the feet on the fender, or the hands close to the fire.

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## 195.—Ulcer (*Ulcus*).

Definition.—A breach of any part of the cutaneous or mucous surface, caused by the stripping off of its proper

cuticle or epithelium, or by the destruction of a portion of its substance by disease or injury. *Ulceration* is the progressive softening and disintegration of successive layers of the *ulcerating* tissue, and is attended with a secretion of pus, or other kind of discharge.

VARIETIES.—The *healing Ulcer* is that in which the granulating process goes on uninterruptedly to reparation; the *inflamed Ulcer* is hot and painful, with a red, bleeding surface, and a thin ichorous discharge; the *indolent Ulcer* is marked by an imperfect form of organisation, so as to be incapable of healing; the *fistulous Ulcer* consists of a narrow channel, with a false mucous membrane, produced by Abscesses which have not healed from the bottom; the *spreading Ulcer* is that in which the destructive process which formed it, still existing, causes it to extend; the *varicose Ulcer*, which generally forms on the lower extremities, is the consequence of a varicose condition of those parts. There are also other varieties.

CAUSES.—A bruise, or burn; constitutional derangement from inflammation, improper food, etc.; or Ulcers may be openings by which nature rids the system of products which, retained, would produce serious disturbances. "The constitutions most liable to ulceration are those which are debilitated by intemperance or privations, tainted with Syphilis or Scrofula, or broken down by the excessive use of *Mercury*, or in which the blood is impure from inaction of the liver, skin, and kidneys. The parts most disposed to it are those in which circulation is most languid, such as the lower extremities. On this account, tall persons are more frequently affected with Ulcers than short" (*Druitt*). Ulcers over the subcutaneous surface of the tibia are more difficult to heal than similar ones situated over the fleshy parts of the leg.

TREATMENT.—Strictly *constitutional* treatment is generally

necessary. This may be illustrated by the fact that the appearance presented by a sore often furnishes an excellent test of a patient's health: a weak or indolent Ulcer rapidly assumes a healthy aspect on any improvement of the constitutional powers of the patient; on the other hand, a healthy sore immediately becomes indolent, or sloughs, when any extreme depressing cause comes into operation.

*Belladonna.*—*Painful* Ulcer, with surrounding redness.

*Silicea.*[1]—Simple Ulcer; and in *chronic* cases.

*Kali Bich.*—Ulcer on the leg, deep, with hard base and overhanging edges. This remedy may also be used externally (gr. j. ad. aq. ℥vj).

*Hydrastis Canadensis.*—Unhealthy Ulcers; Ulcerations of mucous surfaces—the mouth, throat, nose, eyes, etc. It should be administered internally and applied locally as a gargle or wash, as the case may require.

*Arsenicum.*—Inflamed Ulcers with *burning pain*, raw surface, or presenting a livid appearance, and easily discharging blood or thin fœtid matter, and often with general indifferent health. This remedy is specially valuable in *indolent Ulcers of the legs*, and should also be used in the form of a lotion.

*Rhus*, ext. and int.; *Polyognum* and *Ammon.-Mur.* have cured superficial Ulcers and sores on the lower extremities.[2]

*Hep.-S.*, *Calc.-C.*, or *Sulph.*—For *constitutional* Ulcers, and to improve the health. Also *Ferr.-Mur.* (as a paint).[3]

Local Treatment.—The Ulcer may be cleansed with dilute *Carbolic Acid*, and covered with a little soft linen or lint, wetted with cold or tepid water, as is most agreeable to the patient, covered with oiled silk, and lightly bound over with a bandage. Sometimes it will be desirable to use *Calendula lotion* (thirty drops of the tincture to a teacupful of water), or some other soothing application; but in the

[1] See *H. World*, v. v. p. 31; v. viii. p. 27. [2] V. vii. p. 84; v. viii. p. 142.
[3] V. viii. pp. 139, 292.

majority of cases the simple water-dressing is sufficient. In addition to the above treatment, bandages are more or less necessary in all Ulcers on the legs, unless absolute rest, with the elevation of the foot above the level of the hips, can be enforced. Laced stockings, or elastic stockings, are convenient substitutes for the bandage, and are more easily applied. The frequency with which the dressings should be changed depends on the amount of the discharge. If that is considerable they should be changed once or twice daily; otherwise three or four times a week will suffice. In the treatment of Ulcers on the leg, as, indeed, on every other part, undeviating *cleanliness* is essential. The uncleanly habits of many persons, who allow their feet and legs to remain unwashed for weeks together, induces an imperfect vitality of the skin, which favours the formation of Ulcers, and renders them disagreeable and obstinate in their results. Washing the lower extremities daily is one of the most potent means of preventing and curing the disease, and restoring the lost vitality of the parts.

As much open-air exercise should be taken daily as is consistent with the patient's strength; but he should not stand much, nor sit with his legs hanging down.

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## 196.—Boil (*Furunculus*).

Definition.—A hard, conical, painful Tumour, involving the under surface of the true skin and the subcutaneous areolar tissue, which suppurates imperfectly, and contains a central slough or core, arising from deposit of unhealthy lymph in the part.

Symptoms.—A small, tense, inflamed and painful swelling, the size of a split-pea; this hardens, and the red blush around its base changes to purple. In a few days the

swelling enlarges, owing to the formation of pus, and the pain becomes throbbing; the tumour bursts, and the core is discharged.

*Blind-boils* do not suppurate, but slowly subside. Boils often appear in crops, or another appears as soon as the preceding one has healed. They generally occur in the thick skin of the neck, back, nates, or arms, especially in the young.

Causes.—A disordered condition of the blood, from unwholesome food, overwork, anxiety, or some unknown atmospheric causes, or from depressing influences generally.

Treatment.—*Belladonna.*—Painful, hot, shining erysipelatous swelling, with *Inflammation* round the base. Dr. Hughes states that a Boil in the stage of inflammatory engorgement, before matter has formed, may almost always be blighted by repeated doses of *Bell.* (1x). Dr. Simon says the inunction first of a few drops of *Tincture of Camphor*, then of olive oil, is equally abortive.[1] Later still, states Dr. Madden, its progress may be arrested by *Sil.* (3x. trit.)

*Hepar Sulphuris.*—To facilitate the *suppurative process*, and, to a great extent, prevent its subsequent extension.

*Silicea.*—Indolent and *chronic* Boils.

*Ac.-Nit.*—In some *debilitated* persons this remedy is required; it is very valuable in wounds which *fester*, and when fungoid excrescences form. An aqueous dilution may also be applied topically.

*Sulphur*, morning and night for eight or ten days, to prevent a recurrence. Hughes states that if Boils recur again and again, the constitutional tendency may be checked by a course of *Sulph.*, and that he finds no need for any other medicines for Boils than *Bell.* and *Sulph.*

General Treatment.—As soon as the swelling points, indicating suppuration, a poultice, covered with oiled silk,

[1] See *H. World*, v. vii. p. 287.

should be applied and renewed frequently, until suppuration is completed. In the early stage, a cold compress should be used. When Boils are of an acute variety, and the skin covering them is very thick, a free incision with a sharp knife will do good service. For treatment of *proud-flesh* see *Act.-Nit.*, above.

Boils may be prevented from coming to a head by gently rubbing the surface every three or four hours with the tips of the fingers wetted with Spirits of Camphor, and then covering the spot with flannel soaked in camphorated oil.

In order further to prevent a recurrence of Boils, attention must be directed to the constitutional causes in which they originate. If, as is often the case, they arise from digestive derangement, abstinence from rich gravies, pastry, sweet-dishes, etc., is imperatively necessary. Correct diet, cleanliness, and healthy exercise and recreation in the open air, will do more towards eradicating a predisposition to Boils and other affections of the skin than any of the drugs we have mentioned.

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## 197.—Carbuncle[1] (*Carbunculus*)—Anthrax.

Definition.—A malignant Boil, marked by a circumscribed Inflammation of the subcutaneous cellular tissue, of a flat, circular shape, varying in size from one to six inches in diameter, or even larger; it is of a dusky-red hue; hard, very tender, and painful. It generally occurs on the posterior portions of the neck or back, where vitality is less active.

Symptoms.—It first appears as a hot, hard swelling, harder than a Boil, accompanied by a burning, dull, throbbing sensation. As the red swelling gradually increases, the skin covering it assumes a purple or brownish-red tint, and, in a few

[1] See *H. World*, v. viii. pp. 75, 287.

days, softens, suppuration taking place at *several points*. The matter is thin, watery, and scantily discharged; but if pressure be applied, a thick glutinous fluid may be squeezed out. It is generally attended by considerable constitutional disturbance and depression; if large, and especially if seated on the head, there is violent fever, Delirium, and great and even fatal prostration may result.

Diagnosis.—Carbuncle differs from a Boil in its greater size; its broad, flat shape; in usually appearing singly; in giving way and discharging from *several openings;* in the dusky redness of the inflamed integument; and in the great constitutional disturbance and irritation which accompany it.

Causes.—A disordered condition of the blood, usually met with in a *debilitated* state of the constitution, as the result of chronic, exhausting diseases, or severe, acute maladies; great alteration in habits or diet; long-continued fatigue, etc. In the Cholera year of 1854, there were in England nearly 400 deaths from Carbuncle. Unlike Boils, Carbuncle is rare in young persons, being usually met with in debilitated persons who have passed the middle period of life; and more frequently in men than women.

Treatment.—The chief remedies are—*Ars., Bell., Apis, Acon., Sil., Carbo V., Lach., Sulph.*

Leading Indications.—

*Aconitum.*—Severe inflammation and *fever*. *Acon.* may precede, follow, or be alternated with any other remedy.

*Arsenicum.*—Large, painful, malignant Carbuncle, with great constitutional *prostration*. Often the best remedy.

*Lachesis.*—Low, inflammatory type of the disease, with evidences of the poison of the tumour extending to the blood; cerebral symptoms.

*Apis.*[1]—Continuous *extension* of the erysipelatoid Inflammation.

[1] See *H. World*, v. viii. p. 287.

*Silicea.*—To promote healthy *granulations*, etc.

Local Treatment.—Early fomentations, followed by a linseed or bread-and-milk poultice, will mitigate pain by relieving tension, and hasten the cure. In many cases, the simple cold-water compress is the best local application. In some cases, incisions are necessary; but in the absence of great tension, severe pain, or extension of the Inflammation, the care of these tumours may be safely confided to nature, attention being directed to such constitutional treatment and soothing applications as each particular case may require.

If there be any signs of putrescence, a yeast poultice should be applied, and sprinkled over with a powder of the 1x trituration of *Carbo Vegetabilis*, or of crude powdered charcoal. This should be renewed every six hours, till the parts assume a more healthy appearance.

Recently a method of treatment by *Strapping* has been adopted with great success, and is a far safer and more rapid plan than by incision or cauterization. The sides of the Carbuncle are drawn together by *tightly*-applied broad strips of strapping-plaster; the plaster should be removed daily, and any discharge that may have exuded sponged away with warm water. The enlargement of a Carbuncle may be considerably curtailed by early strapping. (*British Medical Journal, Feb.* 3, 1872.)

Diet.—The diet should be nourishing, and include Essence-of-Beef, Cod-liver oil, etc. In debilitated cases, the brandy-and-egg, or milk-and-egg, mixture generally does good; but, in many cases, alcoholic drinks are *best* avoided.

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## 198.—Whitlow (*Paronychia*)—Felon—Gathered Finger.

Definition.—A painful inflammatory swelling at the end of a finger or thumb, having a tendency to suppurate, and, in debilitated constitutions, to recur.

VARIETIES.—The *cutaneous* Whitlow is an Inflammation of the surface of the skin, with burning pain, and effusion of a serous or bloody fluid, which raises the cuticle into a bladder. The *subcutaneous* is attended with great pain and throbbing, and suppuration under the skin at the root of the nail, which often comes off. *Tendinous* Whitlow, or *Thecal Abscess*, is inflammation of the *tendinous sheath* of the finger. When Whitlow is malignant, pressing on to the periosteum, it is sometimes called *Felon.*

CAUSES.—Cutting the nail to the quick; a bruise, burn, or other mechanical injury; the introduction of poisonous or acrid matter into scratches on the finger; constitutional disorder.

SYMPTOMS.—Heat, pain, throbbing, and redness at the end of the finger; as the symptoms increase, there is swelling, tension, and pain extending up the arm; the surface becomes livid, and shortly assumes a pale cloudy appearance. If suppuration occur, a dirty-looking fluid is discharged; subsequently the nail falls off; and if the finger be kept at rest, and the health be not very defective, a new nail is produced, and the finger is well. But under unfavourable conditions, the part may ulcerate, the finger inflame, the bone become diseased, and phlegmonous Inflammation attack the arm.

TREATMENT.—As soon as the first indications of Whitlow are noticed, the finger should be repeatedly plunged into water as hot as can be borne, in which common salt has been dissolved for two hours, or longer; the hand should be held in a raised posture, and a dose of *Silicea* taken every three hours. Thus its formation may often be prevented. If these means be commenced too late, a warm bread-and-milk poultice should be applied, and *Sil.* continued every four hours, in alternation with *Acon.* when there is much feverishness, or *Bell.* when the inflammation is erysipelatous. *Merc.* and *Hep.-S.*[1] are also good remedies.

[1] See *H. World*, v. iv. p. 99.

Accessory Means.—Hot fomentations to relieve pain. If inflammatory action persist, the finger becoming hard, and there be no signs of early suppuration, a free incision should be made to relieve tension and prevent sloughing, and, possibly, disease of the bone. In opening Thecal Abscesses the incision should be made strictly in the *middle line* to avoid the digital arteries which run along the sides of the fingers. The opening should also be made *between*, but not over, the joints.

Onychia is Inflammation of the nail-matrix (*the substance from which the nails grow*); it may be induced by similar causes to those of Whitlow, and especially by an in-growing nail, or cutting the nail down to the quick.

In-growing of the Nail (*Unguis involutus*) may be remedied by softening it in warm water, then paring it thin on the upper surface, and cutting it down as far as may be at the middle part of the extremity, *avoiding cutting the parts which tend to grow in.* By these means the growth is diverted from the sides; since *a nail will grow most where it is cut most.* Painting daily with a solution of *Ferr.-Perchlor.* is also of great service.

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## 199.—Corn (*Clavus*).

Definition.—A small thickened mass of epidermis accumulated on the dermis in situations where the papillæ, subjected to undue pressure, or friction, or both, have acquired unnatural proportions. It not only lies upon the dermis, but penetrates into it. A corn may be *hard*, dry, and scaly; or, if situated in places where the secretions of the skin are confined, *soft* and spongy. When inflammation or suppuration takes place underneath a Corn, the Corn becomes excessively painful.

Callosity is a hard, thickened condition of the skin,

covering a larger extent than a Corn, and may sometimes be seen on the front of both shins.

Causes.—Pressure from tight-fitting boots or shoes; or *high heels*, which throw undue weight upon the toes;[1] hereditary predisposition sometimes seems to favour their development.

Treatment.—As soon as a Corn appears, the surrounding skin should be softened by a warm foot-bath, the hard head of the Corn gently extracted with the finger-nail or some convenient instrument, and the thickened skin pared off, wounding the adjacent parts as little as possible. The Corn should then be dressed with *Arnica lotion* (fifteen drops of the strong *Tincture* to half a wineglassful of water), and next morning a piece of *Arnica-plaster*, or an *Arnicated corn-plaster*, applied; or it may be painted with *Ferrum Perchlor.*, or *Castor-oil*. The dressing may be repeated several times, till the inconvenience is removed. The *Arnicated amadou-*, or *felt-plaster*, having a hole punched in it to receive the Corn, so as to protect it from pressure, is a useful contrivance.

If internal treatment be necessary, *Calcarea* and *Sulphur* are generally suitable medicines. *Calcarea* may be administered every morning and night for a week or ten days; then, after waiting a day or two, *Sulphur* in the same manner. Afterwards, if necessary, the course may be repeated. See also *Verat.-Vir.* in Section 201.

[1] There is no member of the extremities which has been more disgracefully used than the foot. This wonderful organ, by the perfection of which God has "made man upright," and whose structure so pre-eminently distinguishes him from his recently so-called "great-grandfather," the gorilla, has been made to suffer from compression more generally than any other organ. The thought at once suggests the cruel practice of the Chinese, who prevent the growth of the female foot, by placing it in infancy in an unyielding shoe. This fact has had the universal testimony of travellers in China, and if anything more were wanted to prove it, a collection of the feet of Chinese women is at present to be seen in the Museum of the College of Surgeons of England, in which, by careful dissections, the sad havoc to natural growth produced by this heartless custom is scientifically demonstrated.—*Lankester.*

Soft Corns are best treated by carefully cutting off the thickened skin with sharpened scissors, then applying a drop or two of diluted tincture of *Arnica*, and always wearing a layer of cotton-wool between the toes, changing the wool daily.

Accessory Means.—Corns can only be *permanently* cured by wearing *easily-fitting boots*, often washing the feet, and frequent change of stockings.

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## 200.—Enlarged Bursa (*Bursa amplificata*)—Housemaid's Knee[1]—Miner's Elbow.

Definition.—Inflammation of a bursa, with increased accumulation of synovial fluid. The bursæ most commonly involved are those on the metatarsal joint of the great toe, called "Bunion;" of the knee-joint, called "Housemaid's Knee;" and of the elbow, called "Miner's Elbow."

Causes.—Kneeling or reclining on hard damp stones, pressure, blows, excessive use, and oblique traction of the skin in moving from side to side—*i.e.*, *friction*.

Symptoms.—Swelling and tenderness over a joint. In acute cases the pain is very severe, and there are much effusion, swelling, and fever; even suppuration may result. In chronic cases, a permanent swelling, from the size of a small egg to that of a large orange, gradually forms. The swelling is at first soft, but if neglected, the sac may thicken, be interspersed with fibrinous bands, and the bursa gradually pass into the form of a solid fibrous tumour.

Remedies.—*Arnica.*—Cases arising from *friction* or *bruises*.

*Aconitum.*—Much *febrile* disturbance.

*Belladonna.*—Considerable heat, *redness and swelling*, with *lancinating pains*.

[1] See *H. World*, v. iv. p. 100.

*Rhus.*—Pain worse when sitting, and when *warm* in bed.

*Ledum.*—Pain, etc., with *chilliness.*

*Iodium.*—Chronic Bursitis in patients subject to *glandular enlargements.*

*Kali Hydriod.*—With *rheumatic* complications. Graph. (*chronic cases with redness*); Agar. (*itching*); Hep.-S., or Sil. (*tendency to suppuration*); Bry. (*shooting pains*).

A *lotion* of *Acon., Bell., Bry., Led., Rhus, Iod., Agar.,* or *Arn.,* should be used when the same remedy is being administered internally.

Surgical Treatment.—If the above remedies are unsuccessful, the late Mr. Skey's plan may be tried as follows: A stout thread of silk should be passed through the centre of the tumour, the effect of which, in a few days, is to convert the bursa into an abscess, which, when mature, should be opened. The thread should be removed from the wound after the exudation of pus from the orifices made by the needle. Opening the bursa with the knife, and painting the inside with *Iodium,* is, however, a more satisfactory operation. When the tumour is solid, excision is the most effectual method, and one accompanied with little risk.

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## 201.—Bunion (*Bunion*).

Definition.—An enlargement of the bursa, usually on the metatarsal joint of the great or little toe, chiefly the former, with more or less deformity of the joint.

Cause.—The *pressure of narrow-pointed boots or shoes,* throwing the great toe over or under the contiguous toes; in this way a sharp angle is made on the inner side of the joint of the great toe, on which the Bunion is formed.

Symptoms.—Pain, redness, and swelling of the part, which soon subside on removal of the cause. Should, however, undue pressure be continued, the symptoms increase until

pressure becomes unendurable. After this, on discontinuing the offending boot or shoe, the pain subsides; nevertheless, a permanent Bunion has been formed, and inflammatory symptoms are at any time liable to recur from irritation.

TREATMENT.—The direction of the toe must be changed by wearing properly-shaped boots, made with the inner side of the sole straight from the toe to the heel. If irritation be accidentally excited in the part, a warm foot-bath should be used, and afterwards a lotion (twenty drops of *Arn.* ϕ to two tablespoonfuls of water) continuously applied for two or three days. If the patient has the least erysipelatous tendency, *Ruta* should be substituted. Should matter form, a linseed-meal poultice will be more suitable; at the same time, *Hep.-S.* may be given every four hours.

*Ver.-Vir.*, painted on Bunions, generally gives rapid and perfect relief. There is no agent comparable to *Ver.-Vir.* for Bunions or inflamed Corns (*Dr. J. G. Wilkinson*).

PREVENTION.—If the *Arnica* or *Ver.-Vir.* lotion be used immediately the first inflammatory symptoms arise, and all undue pressure be at once discontinued, the formation of a Bunion may be altogether prevented.

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## 202.—Nævus (*Nævus*)—Port-wine-Stain—Mother's Mark; and Nævus Pilaris—Mole.

DEFINITIONS.—*Nævus* is a hypertrophied state of the blood-vessels of the skin, forming slight flat elevations of a bright-red (*arterial*) or purplish (*venous*) colour, occupying an extent of surface varying from the size of a pin's head to many inches.

*Nævus pilaris* is a Nævus covered by hair of variable length, and, like ordinary Nævus, is liable to occur in any part of the body.

Nævi are usually congenital; they are popularly called "Mother's marks" from a supposition that they are produced on the child before birth through some fear or fancy of the mother; and are variously named, according to their apparent resemblances,—"cherry-," "strawberry-," or "mulberry-stain," etc.; and if the Nævus be hairy, it is called a "mouse-mark," etc.

In many cases no inconvenience results except the deformity; but occasionally, more especially when the growth is at all prominent, there is a great disposition to unhealthy ulceration. When bleeding occurs, it is usually in a trickling stream, and without any degree of force (*Erichsen*). Nævi often die away without interference.

Treatment.—When treatment is desirable, the internal and external use of *Thuja*, as recommended for Warts (see Sec. 204), is sometimes successful. Hempel states that Nævi may be removed by the external use of *Kreas.*, one drop of the tincture to eighty of water, applied two or three times a day, the effects being excoriation, ulceration, and cicatrization, with scarcely any disfigurement remaining; *Croton oil* is reported to be equally efficacious.

The surgical treatment recommended by Mr. Skey is the *Seton thread.* When the Nævus is large, threads should be passed across the growth in various directions, and not necessarily through its centre, but occupying its substance in all directions. A large Nævus may require six, eight, or ten threads. Suppuration is the object aimed at, and when detected by the oozing of pus, the thread or threads should be removed; and when the Nævus is conveniently placed for the purpose, a little pressure should be applied.

## 203.—Sebaceous Tumour (*Tumor Sebaceus*)—Wen.

DEFINITION.—A Tumour composed of suety or fatty matter (*Steatoma*), and enclosed in a sac beneath the skin, occurring from obstruction of the secretory ducts.

These Tumours occur on various parts of the surface of the body, are smooth, non-elastic, pendulous, and movable; they slowly increase without pain, often to a very great size; attain their greatest development in warm climates—especially in the Hindu and negro races—where they have been met with of an enormous weight and size.

TREATMENT.—If Wens are likely to be amenable to medicines, *Bary.-Carb.*, *Sil.*, *K.-Hydriod.*, *Calc.-C.*, and *Sulph.*, are, we believe, the most appropriate. In our own practice we have found *excision* generally needful, and have thus removed many without their ever returning. But Dr. Belcher has recorded a case in which a crop of Wens on the head, of very old standing, rapidly disappeared under a short course of *K.-Hydriod.* (1x dil.)

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## 204.—Warts (*Verrucæ*).

DEFINITION.—A small, hard tumour, consisting of elongated and enlarged papillæ of the cutis vera, clothed with a stratum of hypertrophied and hardened cuticle, chiefly affecting the hands and face of young persons, appearing and disappearing without any particular known cause.

TREATMENT.—*Thuja.*—The Warts should be painted twice daily with the matrix tincture; at the same time a dilution (6x) of *Thuja* may be administered morning and night. The latter is especially necessary when the Warts appear in crops. This course may be followed for a week or two, and if improvement ensue, as it generally does, the treatment should

be continued longer. When *Thuja* does not succeed, *Rhus* may be substituted, and used in the same way.

*Sulphur*, once a day for a week or two, is an excellent remedy for numerous and obstinate Warts upon the hands. It is also useful after other medicines, to eradicate the tendency to recurrence. *Dulc.* 3, *Ant.-C.* 1, and *Ac.-Nit.* are also said to be often successful.

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## 205.—Parasitic Diseases of the Skin (*Morbi cutis parasitici*).

There are several members of the *Ectozoa*, as we have stated in the Section on Worms, the most common of which, except *Scabies*, are the following:—

Tinea tonsurans (*Tinea capitis*), the common scurfy *Ringworm of the scalp*, is generally seen only in children, is contagious, but not necessarily associated with impaired health, though it is common in lymphatic persons. It consists of circular patches varying from half an inch to several inches in diameter, the hairs of which look dry, withered, and as if nibbled off at a short distance from the scalp. The parasite is the *Achorion Lebertii*, and is visible in a good light, appearing like powdered *sulphur* when *Chloroform* has been applied.

Tinea decalvans (*Alopecia areata* or *Porrigo decalvans*) consists of smooth, circular *patches of perfect baldness*, quite pale, of variable size—half an inch to two inches or more in diameter, and of which there may be several: the disease is sometimes seen in young persons, chiefly in girls, but is most common in adults. The parasite is the *Microsporon Audouini*.

Tinea favosa (*Favus* or *Porrigo favosa*) is the *crusted* or

*honey-comb Ringworm;* it is uncommon in England, but is seen in some parts of Scotland. It commences when the patient is about seven years of age, and is characterised by the presence of small straw or sulphur-coloured cupped crusts, which coalesce and give rise to a honey-comb appearance, or remain separate. It is contagious. Its parasites are the *Achorion Schonleinii* and the *Puccinia Favi.*

Tinea versicolor (*Pityriasis versicolor* or *Chloasma*) commences as small erythematous points, with itching, which is increased by warmth: slightly elevated, dry, rough patches of a fawn-colour arise, somewhat scaly at the edge, and from which branny scales can be rubbed off; they occur on the chest, abdomen, and arms, vary in size from that of a three-penny piece to that of the palm of the hand, and are much irritated by flannel. It is sometimes called *variegated Dandriff*, or *Liver-spots.* The parasite is the *Microsporon furfur.*

Phthiriasis is the condition of the body favourable to the existence of *pediculi.*

Irritation of the skin caused by various parasites, etc., is also classed as a parasitic disease. Thus there is the irritation caused by the *Pediculus capitis* (head-louse), often associated with Eczema and other skin-diseases; by the *P. palpebrarum* (louse of the eyelids); by *P. vestimenti* (body-louse); by *Phthirius inguinalis* (crab-louse); by *Pulex penetrans* (Chigoe), an insect of the West Indies, which chiefly attacks the toes or spaces between them, is black, causes extreme itching, and even Ulcers; by *Pulex irritans* (the common flea); by *Cimex* (the bug); by *Leptothrix autumnalis* (harvest-bug), which is common in grass in autumn, and, getting on to the body of man, though exceedingly small, produces extreme irritation of the skin; etc.

Under this head also comes irritation from the stings of *Wasps, Bees,* etc., the treatment of which may be found in Section 207.

TREATMENT.[1]—There is no great difficulty in the treatment of the Ectozoic or Epizoic class of parasitic diseases, except when associated with true skin-disease. Even then, correct treatment is often successful.

*Strict cleanliness*, the free use of soap and water, is a *sine quâ non*, and in some cases may be alone sufficient; but if seconded by the application of *Sulphurous* or dilute *Carbolic Acid*, either as a lotion or by spray, a cure will certainly be effected.

*Sepia* is the best remedy for Ringworm of the scalp, and if administered early will often prevent the increase of the disease. *Calc.-Carb.* and *Sulph.* should also be remembered as useful remedies, combined with hygienic measures, in procuring and retaining a healthy condition of the skin.

For the removal of *head-lice* and their nits nothing is more effective than a free use of ointment of white precipitate of Mercury, followed by free washing.

The *irritation* from flea-bites, etc., is amenable, when necessary, to the treatment directed in Section 207.

PREVENTIVE MEANS.—*Perfect habitual cleanliness*, and proper attention to health.

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## 206.—Scabies (*Scabies*)—Itch.

DEFINITION.—A contagious disease, characterised by a vesicular eruption, presenting numerous watery conical pimples, with violent itching, aggravated at night, and by scratching, depending essentially on the burrowing in the skin of a minute parasite—*Sarcoptes hominis* or *Acarus scabici*, or Itch-insect.

It spreads quickly among the dirty, but has become much less frequent amongst the poor since they have enjoyed *better*

[1] See *H. World*, v. ix. p. 248.

*diet.* Warmth enlivens the mites, and they spread to other patients sleeping under the same bed-clothes.

The violence of the symptoms depends on the number of the parasites present, the length of time the patient has been affected, and the degree of sensibility of the skin. The disease may occur on any part of the body, but generally affects delicate parts, such as the thin skin in the flexures of the joints, especially the wrists and between the fingers, the mamma, and the penis. In children, the buttocks, the inner line of the sole of the foot, the ankle, and the palm of the hand are most infected.

TREATMENT.[1]—In our own practice we have found the free application of *Sulphur-ointment* rapidly effective in destroying the insect and its ova. After thoroughly rubbing the whole body with soft-soap and warm water, then washing in a hot-bath, or with hot water, and wiping thoroughly dry, the superficial and effete cuticle is removed, and the burrows and parasites freely exposed; the ointment should then be well rubbed in and allowed to remain on the body all night. On the following morning a tepid bath, using yellow soap, to wash off the ointment left on overnight, completes the cure. If the application of the ointment and the ablutions be not thorough, the process should be repeated once or twice. *Sulphur-ointment* must not be continued too long, or it will produce an irritable state of the skin, which may be mistaken for a persistence of the disease. The administration of *Sulphur*, during the use of the ointment, and for two or three days subsequently, is recommended. Greasy substances alone are natural cures of Itch. All contaminated linen should be put into boiling water; other garments should be well ironed with a hot iron, or exposed to hot air at a temperature not less than 150° or 180° Fahr., or well fumigated with the vapour of *Sulphur*, to destroy any insects or ova concealed in

[1] See *H. World*, v. iv. p. 274; v. vii. p. 203.

the texture of the linen. The cure is often retarded, and the disease conveyed to others, by neglecting to carry out these suggestions as to clothing.

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## 207.—Irritation caused by Stinging-Insects and Plants (*Irritatio orta ex insectus et plantis aculeatis*).

The most common insect stings and bites are those of the Wasp, Bee, Hornet, Gnat, and Musquito. These, though painful, are not serious, except when a tender part, or sensitive or important organ of the body, is attacked; or when the multiplicity of the wounds is so great as to produce general or venomous symptoms. Thus a man has been stung to death in a short time by a swarm of bees; when the eye is stung the consequences are liable to be serious; and a sting in the pharnyx, as from swallowing a piece of honey-comb with a bee concealed therein, may be very dangerous. Musquito stings are peculiarly irritating, and when numerous, poison the blood, producing nervous depression and great febrile irritation. Some insects, as Scorpions, or the Tarantula in Italy and Russia, give rise to more serious and even fatal disturbance or stupor by their bite.

In India and other hot countries, various other insects, besides the musquito, attack man, and are sources of irritation and annoyance; "for every animal, insect, or reptile, in the warmer lands, is distinguished for its ferocity and pugnaciousness." The *ant*, especially the *black-ant*, and the *cock-roach*, are common and troublesome—the latter especially on board ship. It attacks the toes of persons asleep, and this so insidiously that the sleeper is not awoke until the quick is reached and the blood flows. The eyebrows, as well as the toe-nails, are also liable to suffer, unless protected. "There is a small *black-beetle* in India, found in the short grass and

herbage, which is dangerous to persons lying on the ground, as it attempts, if possible, to enter the ear. Children are frequently attacked by it, and the agony caused is extreme. The only effectual remedy, and it is effectual, is to pour a little oil into the ear, which so disgusts the beetle, that it backs out, leaving the person uninjured. Such, however, would not be the case if force should be attempted in the extraction."[1]

*Nettle stings, and those of other plants*, do not cause much disturbance besides the local irritation.

Treatment.—*Ledum Palustre* is the most useful remedy for common stings and bites. It should be applied locally, in a diluted form—twenty drops of the tincture to half a wine-glass of water. Should *Led.* not be at hand, *Rhus*[2] or *lime-water* may be substituted. If neither of these remedies be available, *Allium Cepa* (the common onion) should be promptly applied: a piece cut off and at once placed on the wound. Indeed, Dr. Hill uses no other remedy than this for stings, etc.; if the pieces of onion are changed every few minutes, the pain, he says, diminishes immediately. *Camph.* also is useful. If there be much swelling, *Apis* should be given. *Acon.* will speedily remove febrile symptoms. For Venomous and Poisoned Wounds, see the next Section.

Accessory Measures.—If a wasp or other stinging-insect be the cause of the trouble, examination must be made for the sting, as this is often left in the wound; if present, it must be carefully extracted by the fingers or by a pair of fine-pointed forceps. If this cannot be done, and the sting has entered the skin perpendicularly, the pressure of a small key may be tried: the centre of the hole should be placed over the wound enclosing it, and sufficient pressure should be used; when, probably, the sting will be squeezed out. The wound should then be well sucked to extract the venom as

[1] From the *Leisure Hour*, June, 1869. [2] See *H. World*, v. iv. p. 191.

directed in the next Section. After this, the lotion should be applied; or, if the pain be very great, hot fomentations.

*Musquitoes* may be prevented from troubling in the night by taking the precaution of rubbing a little soap on the hands before going to rest. This is said to be a certain remedy. Honey is also good, but from its sticky nature is more disagreeable than the soap. Dilute *Ac.-Carbol.* is, however, the most sure protection from insect irritation. The hands, face, and other exposed parts should be washed with a weak solution once or twice daily. The *Cockroaches* of hot climates may be got rid of, it is said, by burning the bodies of two or three, and letting them lie about; the smell drives the rest away.

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## 208.—Poisoned Wounds (*Vulnera Veneno Infecta*).

Definition.—"Wounds inoculated with foreign matter, producing general symptoms, or propagating inflammation to other parts of the body."

Varieties.—Poisoned wounds may be made by venomous animals—Snakes, Scorpions, etc.; by animals having infectious disease; by dead animal matter; by morbid secretions; by vegetable substances; poisoned arrows; subcutaneous injection, etc.; or by mineral substances.

Serpents are venomous in a variable degree, according to their nature, size, or vigour: some cause immediate death by Convulsions; others produce Inflammation of the lungs; others induce death by slow poisoning, or by the unhealthy or diffuse Inflammation which they excite.

The *Viper* is the only poisonous snake in the British Isles, and its venom does not often produce death in human beings except when the victim is a child or very weak person.

Deadly snakes are generally distinguishable by the *thinness* of the neck, immediately behind the head, and by their *grace-*

*ful* forms and *brilliant* colours; also by their having only two teeth in the upper jaw.

TREATMENT.—The *immediate* treatment of poisoned wounds is highly important; especially if they result from the bites of venomous reptiles.

(1.) The first object to be attempted is arrest of the circulation of the poison. A handkerchief, rope, or anything else to serve the purpose, should be tied tightly round the limb, between the wound and the heart. While this is being done, if possible a second person should extract the poison as suggested in the next paragraph.

(2.) The wound should be sucked with all the force the patient can command; or, if unable to do it himself, an attendant should do it for him. No danger attaches to the person thus sucking the wound so long as the poison does not come in contact with any *abraded* or otherwise imperfect surface of the mouth or other part of the body.

(3.) *Alcohol*, in any of its forms—brandy, whisky, gin, etc.—according to Dr. Hill's testimony, should be drunk largely by the patient. He says: "Let him drink it freely, a gill or more at a time, once in fifteen or twenty minutes (or small doses oftener), until some symptoms of intoxication are experienced. . . . . It is remarkable how much alcohol a patient suffering from the poison of the Rattlesnake will bear. A little girl of ten years, who had been bitten by a Rattlesnake, took over three quarts of good strong whisky, in less than a day, when but slight symptoms of intoxication were produced. She recovered from these symptoms in a few hours, and suffered no more from the poison of the serpent. Instances of cures with whisky are numerous, and I have never heard of a failure, when it was used as here directed. I presume it will do the same for the poison of other serpents." Alcohol so prescribed is given as a material antidote to a material poison.

(4.) *Carbolic Acid*, applied locally, and administered internally, is recommended in cases of poisoned wounds; and, according to the following experiments by P. O'Connell D'Oyle, assistant-surgeon R.N., would seem to offer the most favourable prospect of success.

"During the Niger expedition of 1868," writes the above gentleman, "being in medical charge of H.M.S. *Investigator*, and having to pass through a hostile country, where poisoned arrows and spears were the principal offensive weapons, I procured several freshly-poisoned arrows, and taking some fowls, I stripped the feathers from their thighs, and ran the heads of the arrows through their most fleshy part. The arrow was allowed to remain in the wound rather more than one minute—in some instances as long as ninety seconds. As I withdrew the arrow I poured liquefied, undiluted carbolic acid into the wound, taking especial care to make it come into contact with every portion of it. A small bandage was now applied over the wound, and the fowls isolated. On one-half of the fowls inoculated, no carbolic acid was used, and I found every one of these die in a space of time varying from one to twelve minutes. On the other hand, those I used the acid with lived, and seemed not to suffer from the effects of the poison, although a great deal of discoloration was visible around the wound for several days. This gradually disappeared.

"In conclusion, I would recommend, in cases of poisoned wounds, the instantaneous application of strong carbolic acid to the part, every portion of the wound being made to come in contact with it; the immediate administration of a strong stimulating emetic, and the subsequent use of stimulants; and suggesting that the value of carbolic acid may depend on its neutralisation of the poison, and also its power of preventing decomposition, I may express a hope that this plan of treating poisoned wounds may prove serviceable on future occasions."—*Abridged from Medical Times and Gazette*, Feb. 25, 1871.

(5.) *Arsenicum*, in a low potency (1st or 2nd dec.), may be given if symptoms of rapid prostration occur. Thus administered, it tends to correct the poisoned condition of the blood, and acts strictly homœopathically.

Professor Halford, of Melbourne, speaks of the injection of *Ammonia* into the veins in cases of snake poisoning in the most eulogistic terms, and brings forward strong evidential warrant for his statement.[1]

[1] See *H. World*, v. vi. p. 89; v. ix. p. 247.

*Excision* of the wounded part may be required in some cases; but would probably be rendered unnecessary by the *Carbolic Acid* treatment just pointed out.

Other poisoned wounds should be treated, according to their nature, by appropriate antidotes. In the case of wounds from the introduction of mineral substances under the skin, those to which workmen—mechanics, founders, and others—are liable, the offending material has generally lodged in the body and produced disturbance in the part before its presence is suspected. Inflammation is the result, and suppuration should be encouraged, as this is generally the only method of eliminating the poison. The treatment recommended for Abscess is appropriate to this condition, with, in some cases, the aid of *Ars.*

## CHAPTER XII.

### Miscellaneous Diseases.

### 209.—Angular Deformity of the Spine (*Deformitas Angularis*)—Kyphosis—Lordosis—Pott's Curvature.

Definition.—A deformity of the spinal column due to caries of the anterior bone and cartilage, and characterised by an angular projection, or hump, formed at the chief seat of disease.

The disease is a morbid ulcerative process, which gradually disintegrates and absorbs the bony tissues, then the cartilaginous tissues, meanwhile discharging pus from the ulcer. The anterior segments of the mid-dorsal region (sometimes as many as five or six) are the special seat of the disease, which ascends upward and downward, but rarely attacks the posterior seg-

ments. The curvature is therefore *anterior*. *Posterior curvature* usually affects the cervical and dorsal regions, and may be produced in infants by placing the hands under the armpits, and compressing the ribs, thereby pushing back the sternum and spine, in the act of lifting or jumping the child.

Causes.—Angular deformity is generally developed in children of strumous or other unsound constitution. Sometimes a fall, a blow, or other local injury is referred to as the immediate cause of the disease; but the true cause is to be found in systemic cachexia. The progress of the disease is not necessarily rapid, hence the deformity may not become prominent till adult life.

Treatment.—Attention should be given to the constitutional cachexia, and the following remedies be administered as may be most appropriate: *Calc.-Phos.*, *Calc.-C.*, *Ac.-Phos.*, *Sil.*, *Hep.-S.*, *Sulph.*, *Asaf.*, *Mez.*, etc. (See also the Section on "Scrofula.")

One important feature of the treatment is to relieve the pressure on the diseased bones and cartilages; and to accomplish this, rest in the recumbent posture for a long period is absolutely required. Generous, nutritious diet must be given, and deleterious elements avoided. Bathing and friction should be daily practised. When sufficiently recovered, out-of-door exercise in fine weather, with suitable supporting apparatus, should be secured.

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## 210.—Lateral Curvature of the Spine (*Curvatura e transverso*)—Skoliosis.

Definition.—An inclination of the spine from the natural erect form to the right or left side, chiefly affecting females from about the age of ten to sixteen or upwards. A curvature is said to be right or left according as the convexity of the curve is towards one or other side. The spine assumes

a double curvature—one being caused by an external agent, as muscular force, and is termed primary; the other is a compensatory curve in the opposite direction to restore the balance disturbed by the primary curvature, and is termed secondary.

Symptoms.—The spine is curved something like the letter S, and also twisted in its long axis; one of the scapulæ, or one side of the bosom, projects, and the right shoulder and right side of the chest are preternaturally high and rounded, while the opposite are depressed and concave. Correspondingly, the left hip projects, and the loin on the right side is curved inwards.

Causes.—Spinal curvatures are readily produced, especially in weakly patients, by occupations and pastimes that tax one side of the body more than the other; bad postures while sewing, ironing, writing, drawing, reading, playing the piano, riding, carrying a child on one arm, and in the exercise of many kinds of handiwork. Even bad postures in lying, sitting, and standing are liable to cause Lateral Curvature. All occupations which require the raising of one shoulder-blade and arm, *standing at ease on one leg*, crossing the legs, sitting on one side of the seat, leaning on one hip; want of unrestrained open-air exercise; tight dresses; stays and bodices with steel, whalebone, or wooden supports, may operate as causes of curvatures. One leg being shorter than the other, walking with an artificial leg, Hip-joint disease, Rickets, paralytic affections of the lower extremities, Rheumatism, etc., may also cause distortion. The *modus operandi* by which one-sided postures cause Curvature may be easily explained. It is the compressibility of the *intervertebral substance*, which is so considerable that an adult person loses about half an inch of his height after having been in the erect posture all day, and does not retain it till after he has been lying at rest for several hours. Now as the united thickness

of the intervertebral substance in an adult is about 3·875 inches, we see that they lose nearly one-eighth by the day's compression, and the normal resiliency is not recovered till after hours of rest. "But if the weight of the body falls unequally on the vertebræ day after day, it must be evident that they will become compressed on one side more than on the other; and that if their elasticity be impaired, and the muscles and ligaments be weak, and the bones soft, as they are in young persons who have not a sufficiency of fresh air, wholesome food, and active exercise, this lateral distortion will become permanent" (*Bishop*), especially in a growing, delicate patient.

Treatment.[1]—This must be both constitutional and local, and be regulated by the nature, extent, and cause of the deformity. If treatment is neglected, curvatures, however slight, will certainly get worse, for the extreme flexibility of the spine in youth, while it offers a favourable condition for cure, equally tends to an aggravation of the deformity if treatment is neglected. Further, as rigidity of the column increases with years, so the prospect of improvement diminishes; at the same time, and for the same reason, Curvatures of long standing are less likely to grow worse.

1. Remedies.—*Calc.-Phos.*, *Calc.-C.*, *Ac.-Phos.*, *Sil.*, *Puls.*, *Sulph.*, etc. Externally, a weak *Arnica Liniment* may be used.

2. Habits.—As soon as Curvature is detected a change of life is desirable. Work or study should be relinquished or diminished, and all measures for strengthening the constitution employed. Careful attention should be paid to attitude: much rest should be taken in the recumbent posture, so as to take the weight of the head and shoulders off the spine.

3. Hygiene.—Good diet, including in some cases Cod-liver oil; pure air, if possible sea- or mountain-air; bathing

[1] See *H. World*, v. vii. p. 140; v. viii. p. 278.

the whole body, and especially the back, with cold salt water, followed by vigorous friction; a mattress instead of a feather bed to sleep on; early hours for rising and retiring; warm, easy, and light clothing, especially avoiding stays, tight-fitting boots, garters, etc.

4. Gymnastics.—A suitable course of gymnastic exercises in the open air, or in a well-ventilated room, must be intelligently adopted, and graduated to the strength of the patient, contrived so as to bring the left arm and leg into play, and be made pleasant rather than irksome. This is an important part of the treatment. The exercises must be persisted in for a considerable time, as the desired changes can only be gradually brought about. The patient needs regular supervision to correct the various faulty postures which are enumerated above.

5. Appliances.—"Mechanical support," as it is termed, is scarcely ever necessary, and is often productive of the worst results. Machines are constructed something like stays, having a steel band passing round the hips and abdomen, steel rods, crutch-handles, etc. These require screwing up or adjusting once or twice a week by a specialist, are most unwholesome instruments, and according to our observations intensify the evils from which the patient suffers. To fix a portion of the body, which nature intended to be most mobile, immovably in one of these machines, not only interferes with the respiratory movements, but weakens and subsequently destroys muscular power, that power on which we rely for maintaining the erect posture when treatment is suspended. We have repeatedly advised the removal of these machines, and adopted rational measures and treatment, to the great relief of patients, and their subsequent early recovery.

[1] Spinal Curvature is more fully described, and the treatment more detailed, in the author's work on "*The Diseases of Infants and Children.*"

## 211.—Morbus Coxæ (*Morbus Coxæ*)—Scrofulous Disease of the Hip-Joint.

This is a slow, insidious, and serious disease. The child is supposed to be suffering from "growing pains" for months before the disease assumes an active form.

Symptoms.—The first distinctive symptoms are—slight pain, *chiefly referred to the knee*, lameness, and weariness. There may be even slight swelling in the knee-joint, so that remedies are often applied here, but the disease is in the hip. This may be proved by pressing either in front or back of the hip-joint, or by jerking the thigh-bone against the joint, as by a sharp tap on the heel, when pain will be felt in the hip. As the disease progresses, the nates of the affected side waste and become flabby; the limb is shortened, either by caries of the neck of the femur, or by destruction of the ligaments of the joint and consequent dislocation of the joint upwards on the *dorsum ilii*. There is increased fulness about the limb, the pains increase in severity, especially at night, and there are often startings of the limb during sleep; Abscesses form, and afterwards burst on the nates or groin, or burrow deeply and discharge their contents into the rectum. *Wasting of the nates of the affected side* is one of the earliest symptoms of disease of the hip.

The *duration* of the disease varies from two or three months to several years. But it is much modified, both as to its duration and results, by skilful treatment.

*White Swelling* of the joints is a disease of similar character.

Treatment.—The medicines likely to prove beneficial are *Acon.*, *Bell.*, *Coloc.*, *Hep.-S.*, and *Ars.*, in the early stage of the disease; for special symptoms, *Calc.-C.*, *Sil.*, and *Phos.* When Abcesses have formed, and suppuration is established, the treatment recommended in the next Section is appropriate.

Accessory Treatment.—Rest, with the limb in a straight

posture, and absence of articular pressure, the latter being, probably, the more important element: surgical appliances are necessary to ensure it. The *diet* should be nourishing, and include *Cod-liver oil.* Pure air, and especially a change to the sea-side, will expedite the cure. If Abscesses form, they should be kept free from fœtor by means of *Carbolic Acid.*

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## 212.—Abscess (*Abscessus*).

Definition.—A collection of matter in any tissue or organ, deposited within a sac or cyst of organised lymph, and supplied with absorbent and secreting vessels.

*a. Acute Abscess* commences with throbbing pain, bright redness, and swelling of the part; these symptoms are soon followed by suppuration, which is marked by an alteration in the colour of the skin, and a change in the character of the pain, the former becoming livid, and the latter less acute, being rather felt as a sensation of weight and tension. "After this, the parts between the Abscess and the surface become successively softened and disintegrated. The tumour becomes more and more prominent; the centre exhibits a dusky-red or bluish tint, the cutis ulcerates, the cuticle bursts, and the pus escapes. But where pus is formed under dense fasciæ, or deep in the breast or pelvis, and cannot quickly make its way to the surface, the pain is not relieved, but much aggravated by the increase of distention; and the constitutional fevers and chills are much more intense" (*Druitt*).

*b.* Chronic Abscess first appears as an indistinct tumour, the fluctuation being more or less marked according to the distance from the surface. The inflammatory symptoms of the acute variety are altogether absent, unless the disease be far advanced or accidentally irritated.

Abscess and Diseased Bone.—Chronic Abscess is some-

times a consequence of *Inflammation of bone.* This may be suspected whenever persistent inflammatory enlargement and tenderness exist, especially if it can be traced to an injury, and there is a fixed pain at one particular spot, which is *increased at night.* The long persistence of such symptoms, in spite of remedies, although there may be occasional remissions, almost certainly indicates the existence of a circumscribed Abscess in the bone, which often requires surgical measures for its relief and cure.

Mammary Abscess—gathered breast—is specially treated of in "The Lady's Homœopathic Manual."

Causes.—Abscesses, with few exceptions, are indicative of constitutional debility, and are a frequent sequel of low exhausting fevers. Sometimes they result from blows, or from foreign bodies introduced into the skin or flesh—splinters, thorns, etc.

*Diseased bone*, as stated above, may cause Abscess, or inflammatory enlargement of a part.

Epitome of Treatment.—

1. *Before suppuration.*—Acon., Bell., or Merc. Lint saturated with a lotion of the same remedy as administered may be used locally.

2. *During suppuration.*—Hep.-S., Sil., Ars., China.

3. *After suppuration.*—Calc.-C., China, Ac.-Phos., Sulph., etc.

Leading Indications. — *Hepar Sulph.*[1] — This remedy promotes the *suppurative process* in Acute Abscesses, and is generally sufficient when the discharge is healthy. The local measures pointed out further on should be adopted.

*Silicea.*[2]—Tardy, *long-continued*, or *unhealthy* discharge; chronic Abscesses and *Abscess of bone.* It facilitates suppuration, or moderates it when excessive.

[1] See *H. World*, v. vii. p. 5; v. viii. pp. 260, 285; v. ix. p. 61.

[2] V. v. pp. 31, 84; v. vi. p. 81; v. viii. p. 41; v. ix. p. 12.

*Mercurius.*—Painful Abscess, with copious discharge of thick matter; chilliness, with thirst, and *nocturnal aggravation of the pains.*

*Belladonna.*—Severe *pains*, *Headache*, and much constitutional disturbance.

*Arsenicum.*—Severe *burning pain*, with symptoms of general *vital depression;* Abscess having a gangrenous appearance, or discharging pus tinged with blood.

*China.*—Abscesses following prolonged disease; prostration, from *excessive discharge of matter or blood*, Diarrhœa, etc. It greatly sustains the constitution during suppuration.

*Calcarea.*—This remedy assists the healing of the Abscess after suppuration is completed, and the elimination of disease from the constitution.

*Aconitum.*—Well-marked, *feverish* symptoms, during any stage of the disease.

Local Treatment.—Abscesses arising from local injury should be freed from all sources of irritation, such as thorns, splinters, etc. Poultices (see Sec. 29) are valuable; they relax tension, and, consequently, relieve pain; if applied directly an Abscess begins to develop, a poultice will either disperse or restrict the formation of pus. If suppuration have proceeded too far to be arrested, poultices facilitate the progress of the pus to the surface and its ultimate expulsion. *Fomentations* with hot water, frequently repeated, are valuable adjuncts to poultices. Generally, when pain has subsided, a *water-dressing* should be substituted. *Spongio-piline* in some cases may be employed instead of a poultice.

Opening of Abscesses.[1]—Acute Abscesses seldom require the lancet, especially when they point and become pyramidal without enlarging in circumference. The formation of an Abscess under strong fasciæ or ligamentous textures, which ulcerate with difficulty, require an artificial opening to pre-

[1] See *H. World*, v. vi. p. 224.

vent burrowing of the pus, and the setting up of great constitutional disturbance. When an Abscess occurs on an exposed part, and it is desirable to avoid the scar which generally ensues when it bursts spontaneously, or when it is so situated that it may discharge into some internal cavity —the chest or windpipe—an opening should be made by a surgeon. When an artificial opening is required, the operator should be certain that the knife enters the cavity of the Abscess to let out the pus freely, and that the opening be made at the most dependent part. For those who dread pain even in the trifling operation here referred to, the use of local anæsthetic agents is recommended.

After an Abscess has been opened, and its contents discharged, the *Calendula lotion* (one teaspoonful of the tincture to three tablespoonfuls of water) greatly expedites recovery. It may be applied by saturating a piece of lint, or two or three thicknesses of linen, with the lotion, and covering it with oil-silk. The dressing should be renewed two or three times a day.

Diet and Hygiene.—As Abscesses are generally indications of debility, a liberal allowance of nourishing food is of great importance; it should include good animal broths, broiled mutton chops, chocolate or cocoa (see p. 475), and, in some cases, good beer or wine. Change of air, with residence by the sea-side or in the country, forms an important part of the hygienic treatment.

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## 213.—Ganglion.

Definition.—A Ganglion is a small swelling, composed of toughish cysts, formed on one or more of the tendons of the back of the wrist, rarely larger than a child's marble, generally smaller, attended with weakness, but free from pain.

CAUSES.—Excessive action of the tendon, or of the extensor muscle leading to the tendon to which the Ganglion is attached. Mr. Skey states that he has treated many cases in the persons of violin-players, in whom the malady has been confined to the left hand, the right, or bow hand, being free; he states also that Ganglions are often seen in pianists who practise many hours daily. But they are not confined exclusively to this class of persons.

TREATMENT.—(1) The method we have formerly seen adopted was by one or more violent blows from a thick book to rupture the sac, and cause its contents to escape into the surrounding tissues. This rough measure was by no means uniformly, or even generally, successful. (2) Mr. Skey recommends the hand to be bent so as to tighten the skin over the cyst, and to pass into the centre of the tumour a lancet, and by a lateral movement of the instrument, to evacuate the contents; then, by kneading the part well, every drop should be removed. Afterwards, a thick compress of lint should be firmly strapped with plaster, and a roller applied. (3) The method, however, we recommend to be first adopted, suggested to us by Mr. Clifton, of Northampton, is the internal and external use of *Benzoic Acid;* 2 drops of the 2x dil. thrice daily. For external use, *Benzoic Acid,* gr. iij.; Glycerine Cerate, ʒj.: to be well rubbed into the part morning and night. *Phyto.* and *Mez.* are also efficient.

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## 214.—Obesity[1] (*Obesitas*)—Corpulence.

DEFINITION.—The excessive accumulation of fat under the skin and around the organs of the body, so as to exercise a prejudicial influence on the health, usefulness, or comfort of the patient. It is not a favourable condition for resisting disease

[1] See *H. World*, v. ii. p. 5.

*Obesity* may be said to exist only when fat is present in such large quantities as to disqualify the person for performing the various duties of life, by occasioning difficulty of breathing, panting on slight exertion, deranging the circulation, and causing various functional disturbances, with diminution of mental and bodily activity. The term *Corpulence* is restricted to cases in which the quantity of fat is not so great as to amount to positive inconvenience or discomfort.

Causes.—*Hereditary* tendency or constitutional predisposition can alone account for the excessive accumulation of fat in many instances. Some persons are naturally fat, others lean; some become corpulent on a moderate diet, others spare in the lap of luxury. These are matters of common observation, but of which we can offer no explanation. *Age* exercises considerable influence; children are usually fatter than adults; after the middle period of life, fat often accumulates in considerable quantities. In old age, however, the adipose tissue, and the fat it contains, generally diminish. *Race*, again, is an important element in the question. The Americans are remarkable for their leanness, and the Arab is almost destitute of fat; Europeans, and especially the English and the Dutch, on the other hand, are proverbially fat; hence John Bull is always pictured excessively corpulent.

Besides individual or accidental causes of corpulency, the following circumstances directly influence the production of fat. *Food*, rich in hydro-carbonaceous matter; for although a certain amount of such food is necessary to maintain the temperature of the body, if it be taken in excess, such excess is often stored up as fat. *Ease of mind* and *repose of body* are conditions highly favourable to the formation and accumulation of fat; whereas anxiety, fretfulness, night-watching, etc., have a directly opposite effect. This science proves the truth of the adage—"A contented mind is a continual feast." A *comfortable temperature* is an important element in the pro-

duction of corpulence; for although a high temperature does not directly engender fat, it is a condition favourable to the formation of fat, and one in which less is consumed.

TREATMENT.—The treatment of Corpulence brought prominently before the public by the late Mr. Banting,[1] in the simple story of his remarkable experience, proves that a proper diet alone is sufficient to remove the condition, with its long train of evils, without the addition of nauseous drugs, or of those active exercises which it is in vain to instruct unwieldy patients to take.

The chief feature in the *Banting dietary* is the exclusion of two elements—starch and sugar—from the ordinary food of a well-to-do gentleman:—*Bread* (except toasted, or the crust off a common loaf), *potatoes*, *sweet roots*, *butter*, *sugar*, *cream*, *beer*, *port*, and *champagne*.

These articles of food and drink contain starch or saccharine matter, and are the chief fat-producing elements in our dietary, and to relinquish them is often the only means necessary to escape the thraldom of corpulence. In one year, on this diet, Mr. Banting reduced his weight 46 lb., and his bulk about 12 inches; at the same time his numerous corporeal infirmities were greatly mitigated or altogether removed. Seven years afterwards he wrote:—

"I can conscientiously assert that I never lived so well as under the new plan of dietary, which I should formerly have thought a dangerous, extravagant trespass upon health; I am very much better, bodily and mentally, pleased to believe that I hold the reins of health and comfort in my own hand."

The "*Plan of Dietary*" suggested in Sec. 2, with the sugar, butter, cocoa, superfluous bread, potatoes, etc., eliminated from it, would meet the requirements of most corpulent persons admirably. A *Banting* diet cannot, however,

[1] See Review of the Fourth Edition of Mr. Banting's pamphlet in the *H. World*, v. iv. p. 184.

be recommended indiscriminately. Persons who may deem it necessary to make great changes in their diet should consult a physician.

"As a *résumé* for the guidance of the corpulent, it may be said that the fat of meat; butter, cream, sugar, and sweets; pastry, puddings; farinaceous articles, as rice, sago, tapioca, etc.; potatoes, carrots, parsnips, beet-root; sweet ales, porter, stout; port wine, and all sweet wines, should be avoided, or only taken to the most sparing extent. The articles allowable, and they should be taken to the extent of satisfying a natural appetite, are—lean meat, poultry, game, eggs, milk moderately, green vegetables, turnips, succulent fruits, light wines (as claret, Burgundy, hock, etc.), dry sherry, bitter ale in moderation, and spirits. Wheaten bread should be consumed sparingly, and brown bread is to some extent better than white. The gluten biscuits prepared for the diabetic may, on account of their comparative freedom from starch, be advantageously used as a substitute for bread in the treatment of Obesity."—*Pavy on Food.*

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## 215.—Old Age (*Senectus*); and Senile Decay.

Human life may be divided into three great epochs—the period of development, that of middle life, and that of physical decay.[1]

Under the first division is included the whole time from birth up to about the twenty-fifth year, during which the vegetative organs and those of the lower animal life are consolidating. The central nervous system is more slow in reaching its highest development, and the brain especially is many years later in acquiring its maximum of organic consistency and functional power.

The middle period of life—between about the twenty-fifth and the forty-fifth year—is the time that the individual is subjected to the greatest pressure from external causes. The industrial classes are absorbed in the struggle for maintaining themselves and their families; the rich and idle are immersed in dissipation, or haunted by the mental disgust it excites.

[1] See Dr. F. E. Anstie on Neuralgia, in *Reynolds's System of Medicine*, vol. i.

At the same time, the women are going through the exhausting process of child-bearing, and are either surrounded with the cares and duties of a poor household, or equally pressed with anxiety to attain positions for themselves and their children in fashionable life; or they are idle and heart-weary; or forced to an unnatural celibacy. Frequently they are both idle and anxious.

The period of decline may be said to commence when the first indications of distinct physical decay manifest themselves, and when a new set of vital conditions come into force. But there are no sharp lines of demarcation between the epochs thus indicated, the one insensibly growing into the following.

Youth and Age.—Although the activity of the growth of the organs in childhood and youth offers a striking contrast to their decline in old age, there is, notwithstanding, a resemblance in the diseases of the two extremes of life, like the tints of the rising and setting sun. Infantile Convulsions, and senile Convulsions; infantile Diarrhœa, and senile Diarrhœa; infantile Eczema, and senile Eczema; uric acid deposits in childhood, and uric acid deposits in age, may be adduced as illustrations of the resemblance of the diseases affecting the two extremes of life. In the early period, the constitution has not acquired its vigour; in the closing, it is losing it.

To the mere worldling, old age is repulsive. But when life has been spent wisely,—errors corrected, the heart disciplined, and the intellectual and moral powers are in the ascendant,—old age—moderated, chastened, elevated—presents a spectacle happily described as a "crown of glory." A human being who, after fulfilling all the duties of life, is still living in a "green old age;" whose "eye is not dim, nor his natural force abated," thus ripened for the future, may well command our admiration and veneration.

A brief reference to the changes and dissolution of man's material frame will form an appropriate conclusion to this portion of our work.

The decay of nature is *gradual*, and does not affect all the structures of the body equally at the same period; it also begins in some at a comparatively early, and in others not until a considerably advanced period of life. The following are illustrations of the changes attendant upon old age, and they exercise an important influence in accelerating that final one which is the common lot of humanity.

I. The Bones.—These undergo very characteristic changes. In infancy and childhood the *animal* element predominates; hence we can explain why the bones are then so pliant and fractures so rare. In adult life, the relative proportions of bone may be approximately stated as consisting of one-third of animal and two-thirds of earthy matter. In advanced age, the earthy matter is in excess. This alteration in their composition renders the bones extremely brittle and liable to fracture. Fractures, too, are then more oblique and comminuted, and more inapt to unite firmly than those occurring at an earlier age.

II. The Muscles.—The minute cells, aggregated in the form of fibres, of which the muscles of the body are composed, are rapidly destroyed by the contraction of the muscles; but in vigorous life, by the digestion and assimilation of food, they are as rapidly reproduced. In old age, on the contrary, the disintegrated cell-tissue is but tardily repaired, and the muscles become soft, flabby, and pale from an insufficient supply of blood; they are consequently unequal to severe or protracted exertion; and, there being no reserve, muscular debility is easily excited, and the strength but slowly and imperfectly restored. The tendinous portions of the muscles are also liable to earthy deposits in them; thus their resisting forces become weakened, and

they are in constant danger of rupture if subjected to any undue tax.

III. The Heart.—Another most important and frequent change is one that takes place in the textures of the central organ of circulation. The heart becomes weakened from senile softening, and degeneration of its muscular structures into fatty tissues; its pulsations are thus rendered less and less efficient to propel the blood to the extremities. The blood failing to complete its circuit, the hands and feet become cold, the decline of temperature gradually extending to the central organs of the body. This reduced power of the heart, with the disposition to *atheromatous* deposits in the coats of the blood-vessels, referred to in the next paragraph, with subsequent ossification of the valves of the heart, is one of the most common and fatal changes attendant upon old age. These changes as they proceed are generally hidden and painless.

IV. The Blood-Vessels.—In the silent progress of years the arterial system is liable to undergo changes which are incompatible with the performance of its important functions. The arteries gradually become converted into ossific or bony patches, of greater or less extent, often so considerable as to lead to changes of a vital character by destroying the elasticity of the arterial tubes, and deranging the circulation of the blood in the parts to which they conduct. Thus the nutrition of the body is impaired, and the functions of the nervous and muscular systems are only imperfectly performed. Further, the ossific patches in the coats of the arteries may lead to their rupture, or become causes of Aneurism, Gangrene, Apoplexy, etc., forms of disease to which the aged are especially liable. Apoplexy, from this cause, is one of the most frequent causes of death in old age. The cerebral arteries become diseased, and as the blood is driven into them they give way. Thin persons, in

common with stout, whose blood-vessels and heart are diseased, die from Apoplexy.

An observation on the two last paragraphs may not be here inappropriate. Ossification of the coats of the arteries, and fatty degeneration of the heart, usually occur at the same time of life, and the one condition, happily, counteracts the consequences of the other. The life of an aged person would be in far greater jeopardy, if, while the walls of his arteries were degenerating, his heart retained all its original force. As it is, however, the loss of resisting power of the coats of the arteries finds its counterpart in the fatty metamorphosis of the muscular tissues of the heart.

V. The Vertebræ.—The changes in the spinal column are very considerable; they alter the external form of the body, and more or less derange the functions of the chief organs. The three graceful curves in the spine, so exquisitely arranged, both to give space and protection to the internal viscera, and for the transmission of the weight of the head and trunk in the line of gravity, become more or less obliterated in advanced life, and the centre of gravity disturbed. The vertebral column also loses its *elasticity;* the disc of cartilage placed between the successive vertebræ, to break the force of shocks and prevent jarring of the brain, partly disappears or ossifies; the mobility of the spine is diminished, and its muscular supports enfeebled, and thus a false step or a trifling accident may be converted into an occurrence of grave importance. The alteration in the curves of the spine produced by the above causes, gives that change to the *external form* which is so characteristic of old age. Corresponding with these changes in the spine, as affecting the external form, are others which affect the bones generally. Owing to the diminished size of the muscles, and the absorption of fat from beneath the skin, points of bone in various parts become more angular and prominent, and the limbs

lose that graceful and rotund form which was the pride of earlier years.

VI. The Eyes, etc.—The special senses, as those of sight and hearing, frequently, and sometimes at a comparatively early period, give evidence of approaching decay. The *Arcus Senilus*, a circumferential opacity of the cornea, resulting, it is thought, from fatty degeneration, and generally associated with a like degeneration of the heart, is, as its name implies, an affection incident to the aged. *Cataract*—opacity of the crystalline lens, or its capsule, or both—seems to be the consequence of impaired nutrition, and is met with in elderly persons only, except as the result of inflammation or injury. But the most frequent cause of impaired or perverted vision is alteration in the form of the lenticular bodies of the eye—the cornea and the lens—which, losing their natural convexity, interfere with the correct impression on the retina at the proper fixed point of the object of vision.

Defective hearing is another not infrequent attendant upon old age, and may result from various causes, the most frequent being impairment of the acoustic nerve.

VII. Mental Faculties.[1]—Associated with these important physical changes, the mental faculties partake of the general deterioration. That the mind retains its vigour and clearness of perception, while the body undergoes decay, is a poetic fiction; the brain shares inevitably in the physical disorganizations we have noted. This is proved by the effects of disease. During recovery from wasting diseases, especially from those in which the phosphates have been carried off without a corresponding reproduction, the exercise of the brain is not only difficult but dangerous, and it has not infrequently happened that death has resulted from complete breakdown of the nervous system through too early mental work during convalescence.

[1] See *H. World*, v. ix. p. 190.

Gradual Decay.—The various forms of man's decay are gradual and progressive. Death may take place suddenly from Heart-disease, Apoplexy, rupture of an Aneurism, etc.; but it is only the *termination*, not the disease, that is sudden. For years before the fatal issue, the organ was undergoing degeneration of structure. Death under such circumstances has been compared to the fall of towering cliffs, which crush everything beneath. The catastrophe is terrible, and occurs unexpectedly; but it was the slow disintegration of many preceding winters' frost that hurled it down the steep. Sudden death is a misnomer in language, except as it takes place from accident or poison.

By the use of the *ophthalmoscope* the character and extent of brain and nervous degeneration can often be detected. Several cases have been recorded in the medical journals from practice, in which Atrophy of the optic nerve was found to accompany disease of the central nervous system. The detection of the particular form of decay from which the life of an aged person may be jeopardized is valuable, not merely for the sake of diagnosis, but because it often affords a clue to the direction treatment should take.

Winter and Senility.—The climatic conditions of winter are highly favourable for the development of all kinds of weaknesses and tendencies to organic disease, especially of the brain, heart, blood-vessels, kidneys, and liver. Facts on a large scale prove that defects in these organs manifest themselves most frequently and severely in cold weather. The whole constitution is lowered by the conditions of winter, and, to an extent, devitalised; and medicine can only exercise an indirect power over these conditions, except to prescribe such remedial or preventive measures as we have suggested in this Section,—artificial heat, clothing, food, etc., to forestall, if possible, the effects of cold, and to counteract any of the organic leakages we have enumerated.

Premature Old Age.—In alluding to the decay of nature, we may add that we refer rather to the vital decay of individuals than to the mere lapse of years; vital conditions cannot always "be measured by number of years." It is well known that some persons at fifty, or even earlier, are in this respect older and more shattered in constitution than others who have attained to the age of seventy or upwards.

Our present manner of life, business haste or anxieties, tend to induce premature decay (see Section 115). Probably as the result of improved sanitary measures, a more correct and general recognition of the laws of health, and of the rapid spread of Homœopathy, the attainment of a vigorous old age without the premature feebleness and decay hitherto so generally observed, will be more common.

Modes of Dying.—Some particulars of the different modes of dying will here be appropriate. Diseases terminate fatally in one of two ways: either by suspending the heart's action, called *Syncope*, or by interrupting the function of breathing, called *Asphyxia*, or suffocation.

I. Death from Syncope may arise from an insufficient supply of blood to the heart, as from a sudden copious hæmorrhage, or from more slowly acting causes, as deficient food, or defective assimilation. This is *Anæmia*, and its symptoms are dimness of vision, dilated pupils, vertigo, restlessness, a slow and feeble pulse, pallor of the face and lips, coldness of the extremities, cold sweats, irregular gasping respiration, and, finally, insensibility, with or without convulsions. If the heart is examined after death, it is found nearly or quite empty, and contracted.

Death from Syncope may also arise from failure of the contracting power of the heart, as occurs in Pericarditis, Peritonitis, and in some forms of poisoning. This is *Asthenia*, and the symptoms are—quick, feeble, or imperceptible pulse,

cold extremities, and clammy sweat of the general surface, the intellect usually remaining clear to the last. After death the right cavities of the heart may be found full of dark blood, while the left are distended with red blood.

II. Death from Asphyxia may result in three different ways. First, by obstruction to the entrance of air into the lungs, as in drowning, strangulation, œdema of the glottis, Croup, etc. The change of venous blood into arterial in the pulmonary capillaries is stopped, while the unchanged blood circulating in the arteries paralyses the nervous system. This is *Apnœa.* The symptoms are,—quickened, laboured breathing, violent action of the auxiliary muscles of repiration, protruded eyeballs, swollen and livid countenance, distention of the veins of the neck, and soon loss of consciousness, often with muscular twitchings or convulsions. The heart and arteries continue to beat after breathing has ceased, and if the lungs are examined after death, the right cavities are found distended with dark blood, but the left empty.

Secondly, the nervous system may be primarily at fault from structural disease in the brain, or of the circulation through that organ of poisoned blood, as happens in Uræmia and various specific fevers; a state of stupor, or insensibility to external impressions, is induced, the *medulla oblongata,* and through it the nerves of respiration, are paralysed, the respiratory movements become embarrassed, and, finally, entirely cease. This is *Coma.* As in Apnœa, the blood is not aërated, and similar consequences ensue. But there is this difference: the mechanical movements of respiration suffer before its chemical functions, and the brain is primarily affected, and the lungs secondarily. In Coma, loss of consciousness precedes difficulty of breathing, and the respirations become slow, irregular, and stertorous from diminished sensibility. Thirdly, this mode of dying may be occasioned

by blocking the pulmonary artery, and, in consequence, stoppage of the supply of blood to the lungs. A fibrinous clot is carried into the pulmonary artery, and suddenly and completely arrests circulation in the lungs, or if the obstruction is incomplete, the patient may survive for several hours. This is *Embolism.* The symptoms are extreme dyspnœa, coming on suddenly, with pallor and faintness.

But under whatever circumstances death may take place, it is in keeping with those ceaseless changes which characterise the general world of matter; the body no longer being of service in its material capacity, is transformed to reappear in other conditions, or in other combinations. The earth itself upon which we tread, and from which we derive our food; the solid rocks from which we rear our habitations, are ever-varying theatres composed of the fragments of pre-existing organic beings, out of which are constantly springing forth new forms of utility and beauty. As the body is resolved into its original dust, and the simple elements of which it is composed pass into other combinations and other forms, we believe man himself becomes disengaged from the physical, and passes up from a lower to a higher form of life. This disentanglement takes place slowly, as the body wears out by age, or at any time of life, as the result of disease or violence.

Treatment of the Aged.—There are many ailments peculiar to the approach of old age which require special medical treatment, or the application of particular measures, in which we are often rewarded for the timely use of appropriate remedies, and the prompt employment of judicious means, by seeing the flickering flame rekindled, and valuable life considerably prolonged. On two or three points only can we make some general observations.

1. Food.—Food should be of a much less solid form than during the vigour of adult life. Just as nature provides

fluid food during infancy before the teeth appear, so the loss of teeth, a common attendant upon old age, necessitates a return to a form of food that does not require mastication. Inattention to this point is, we believe, one of the most fruitful causes of the impaired digestion, weakness, and sufferings of the aged. Frequently, artificial teeth cannot be tolerated, and the only path of safety lies in the adoption of an almost exclusively fluid diet. We have had many cases under care in which our advice on this point has been carried out with the most beneficial results.

2. Rest.—This is essential to the health and safety of the fragile frame of the aged. The sports and exercises of youth, or the exertions of maturer age, would fracture the bones, rupture the tendinous portions of the muscles, or occasion a blood-vessel to give way. To the aged long-continued exercise and too little rest are highly unfavourable, the reparative processes being only slowly performed. Happily, the activities and athletic exercises of youth become distasteful to old persons, and the burdens of mid-day life are transferred to the succeeding generation, and they now seek and enjoy a condition of quiet and repose necessary to their present well-being.

3. Warmth.—In the winter season, when sudden changes of temperature are frequent, provision should be made for preventing the ingress of the cold early-morning air, and for maintaining a suitable temperature in the bed-room through the whole night. The temperature of the sleeping apartment should be kept at 60° to 62°, and measured by a thermometer, as the sensations of persons are not a sufficient guide. It no doubt often happens that the lonely encounter with death takes place in the stillness of the hour before sunrise, from a sudden access of cold air which the extreme feebleness of old age could not resist or endure. As before stated, cold seriously affects the aged, and it is a fact

which excites frequent observation that, soon after the setting-in of severely cold weather, the obituaries in the public papers of persons in advanced life become unusually numerous. The winter of 1871-2 shows how temperature influences the mortality of the aged. The severity of the frosts of the early portion of the winter proved fatal to many aged persons, who, resembling the autumnal leaves, are easily shed; but the survivors enjoyed the exceptionally mild winter that followed, and many thousands of them are now alive who must have succumbed had the weather throughout continued severe. As a consequence of the mildness of the weather, the mortality of the first quarter of the year 1872 was considerably under the average. "An aged man, with a sluggish heart, goes to bed with a temperature, say of 50° to 55°; in his sleep, were it quite uninfluenced from without, his heart and his breathing would naturally decline. Gradually, as the night advances, the low wave of heat steals over the sleeper, and the air he was breathing at 55° falls and falls to 40°, or it may be 35° or 30°. What may naturally follow less than a deeper sleep? Is it not natural that the sleep so profound shall stop the labouring heart? Certainly. The great narcotic never travels without fastening on some victims in this wise, removing them, imperceptibly to themselves, into absolute rest—inertia—until life recommences out of death" (*Richardson*).

The fact that the *coldest portion of the twenty-four hours is just before daybreak* is one full of warning to the aged, as it is also to the feeble generally. How often has it been observed that the setting-in of grave or immediately fatal symptoms has coincided with this daily recurrence of cold! This fact gives force to our recommendation of striving, by keeping bed-room fires brightly burning at this juncture, to neutralise as far as possible the consequence of this low-temperature wave,

"With regard to the effects of temperature in inducing or averting disease, we note that such diseases as Bronchitis and Pneumonia diminish as the temperature of the year advances; that, on the contrary, Diarrhœa is aggravated by heat, and that Apoplexy less frequently occurs in the summer than the winter months; and that Epileptic seizures, Paralytic strokes, and sudden deaths generally, are often registered during the prevalence of hail and snow storms, with the accompaniment of high winds; the cause simply being due to the fact that warmth favours the superficial circulation, and the inhalation of warm air soothes the mucous surfaces of the air tubes, whilst cold, by driving the blood to the internal organs, produces congestions that lead to Apoplexy in weakened brains, and to fatal Syncope in weakened hearts. We have been asked many a time by patients whose brains suffer from congestion, and whose hearts are weak, whether they might take a drive in the open air on clear, cold, frosty winter days, and we have invariably advised them to keep in warmth and comfort by their own firesides; we believe that such advice has lessened the risk of an Epileptic seizure, or a fainting attack, that ends with sudden death. There is a widespread idea that extreme cold is a healthy tonic for everybody; but we must beg for an exception to be made in favour of the very old and the very young, inasmuch as in both cases the vital powers are weak, and extreme cold being a great depressant, both old and young must inevitably suffer from its effects unless properly cared for. Warmer clothing, and warmth-producing food, should therefore be the fitting antidotes to cold, together with the judicious, rather than the unlimited, use of exercise in the open air."—*Homœopathic Review, April*, 1872.

A regulated temperature in his apartment, heat-producing kinds of food, warm clothing, and other kindred measures, should therefore be adopted in the treatment of the aged.

4. Medicines.—On this point we can offer no definite suggestions. The selection of remedies must be determined strictly according to the symptoms the patient may present, modified by any idiosyncrasy of constitution.

Thus the physical frame decays and man passes away, death terminating the journey of life, and the traveller welcoming the long repose as he had often welcomed sleep after the fatigues of the day. We have reason to believe that dying is as painless as falling asleep; a feeling of languor steals over the frame, and the tired form settles into a dreamless sleep. The general testimony of all who have ex-

perienced what it is to die, and have been able to record their experience, goes to prove that death is easy and exempt from all pain. William Hunter, in his last moments, said: "Had I the strength to write, I would write how easy and delightful it is to die." Having met with an accident which it was supposed had proved fatal, Montaigne said, on restoration to consciousness: "I thought that life hung upon my lips, and I closed my eyes to help me in expelling it; and I had a serene pleasure in the belief that I was passing away." These statements fully accord with the observations we have repeatedly made at the death-beds of patients. Persons who have been resuscitated after drowning, suffocation, and strangling, and after all sensation had been lost, have asserted that, after the first shock, they experienced no pain. What is, therefore, often spoken of as the *agony of death* is probably purely automatic, and unfelt. "Passing through nature to eternity," the sense of death is most in apprehension. Why, then, if this be true, should death be regarded as "the cup of trembling," and the event be signalised by the habiliments of mourning? When nature puts on her death-robes, the autumnal forest assumes forms of beauty and even brilliancy; and departing day often crimsons the western horizon with glory; herein presenting striking contrasts in the manner in which death is received by nature and by man. "This flesh which we wear is the foliage of an immortal life, and there is no reason why it should not fade away in its season, still and peaceful as autumn leaves, that this interior life may flower forth anew in the glories of unending spring."

In man's departure, then, there is beneficence, just as in his growth and maturity; and there is also design. The Christian philosopher not only submits with resignation to the decay of his material form, but rejoices in the assured hope that so perfect and highly endowed a structure, teeming

with evidences of beneficent design, has not been constructed merely to rise, flourish, and then to disappear without a future grand result, commensurate with so costly an expenditure of wisdom and goodness. INFINITE WISDOM, which designed and called forth man into being, would, it seems, forbid that such a creation should be comparatively vain, leaving only a dark blank as the memorial of its existence. In the dissolution of our mortal fabric we have been tracing its relationship to organic and inorganic nature, which is a succession of ceaseless change. Turn to the sun and stars, whose constitution the spectroscope has in recent years wonderfully revealed, to the grain of sand which is washed from the face of the surf-beaten rock to form again part of the bulwark of a distant shore—from the giant of the forest down to the tiny lichen in the cleft of the wall—from the leviathan of the deep down to the minutest monad—all are undergoing the same round of constant transition. Throughout the universe, as in the microcosm of man's body, the laws of disintegration and decay are balanced by those of reproduction and supply. Individuals, species, genera, all pass away, and are replaced by others. Man's brain, the highest organised machine, itself follows the universal law; but man himself is not thus mutable. The *ego* is one and the same, from the moment it first sprang into existence. That it exists unchanged by the ceaseless changes of the physical organism to which it is linked, is surely evidence that it is independent of matter, and that it will survive when the present order of nature has passed (*S. Wood*).

Death, then, is really but a transitional process by which the link which binds man to an earthly form is broken, and through which the good pass from an introductory and transient state of existence to one that is pure and immortal. "Death," writes Dr. E. Guernsey, "is a white-winged angel, fanning us with its wings, gathering us in its arms, and lifting us up into our eternal rest."

"So live that when thy summons comes to join
The innumerable caravan that move
To that mysterious realm, where each shall take
His chamber in the silent halls of death,
Thou go not like the galley slave at night,
Scourged to his dungeon, but sustained and soothed
By an unfaltering trust; approach thy grave
Like one that draws the drapery of his couch
About him, and lies down to pleasant dreams."

## CHAPTER XIII.

### ACCIDENTS.

### 216.—Asphyxia (*Asphyxia*)—Apnœa (from Drowning)—Suffocation.

DEFINITION.—The term *Asphyxia* is generally used to express the effects of interrupted respiration, as in the case of drowning, hanging, a stroke of lightning, or breathing noxious vapours.

SYMPTOMS.—There is no breathing, or action of the heart; the eyelids are generally half-closed; the pupils dilated; the jaws clenched; the fingers semi-contracted; the tongue appearing between the teeth, and the mouth and nostrils are covered with a frothy mucus. Coldness and pallor of surface increase.

TREATMENT.—Not a moment's time should be lost. The patient should be attended to immediately, on the spot, while remedial aids are being fetched. All mere spectators and useless helpers should be sent away, as the admission of abundance of pure air to the patient is of first importance. When a drowned man is taken from the water, he should be first turned on his face to allow of the escape of water from his

mouth and throat. Artificial respiration should be then attempted.

The directions for restoring the apparently dead, recommended by that noble organisation, the Royal Humane Society, are so concise and complete, that we cannot do better than reproduce them, with a few alterations.

The points to be aimed at are—first, and immediately, the RESTORATION OF BREATHING; and secondly, after breathing is restored, the PROMOTION OF WARMTH AND CIRCULATION.

### TREATMENT TO RESTORE NATURAL BREATHING.

Rule 1.—*To maintain a Free Entrance of Air into the Windpipe.*—Cleanse the mouth and nostrils from dirt, saliva, etc.; open the mouth; draw forward the patient's tongue, and keep it forward: an elastic band over the tongue and under the chin will answer this purpose. Remove all tight clothing from about the neck and chest.

Rule 2.—*To Adjust the Patient's Posture.*—Place the patient on his back on a flat surface, inclined a little from the feet upwards; raise and support the head and shoulders on a small firm cushion or folded article of dress placed under the shoulder-blades.

Rule 3.—*To Imitate the Movements of Breathing.*—(See engravings.)—The operator, standing or kneeling behind and at the head of the patient, should grasp the patient's arm just above the elbows, and draw the arms gently and steadily upwards, till they meet above the head (this is for the purpose of inspiration, or drawing air into the lungs), and keep the arms in that position for two seconds. He should then turn down the patient's arms, and press them gently and firmly for two seconds against the sides of the chest (this is with the object of pressing air out of the lungs,—expiration).

If an assistant compress with both hands, flat, the lower part

of the ribs and diaphragm, when the patient's arms are turned down, the expiration will be facilitated. The operator and assistant must carefully act together.

I. INSPIRATION.



II. EXPIRATION.



To illustrate the position of the body during the employment of this Method of inducing Respiration.

As the process of artificial respiration is laborious, the best qualified assistants should be selected to take turns with the

operator ; but changing places must be rapid, that not a single respiratory movement may be missed.

Repeat these measures alternately, deliberately, and perseveringly, fifteen times in a minute, until a spontaneous effort to respire is perceived, immediately upon which cease to imitate the movements of breathing, and proceed to INDUCE CIRCULATION AND WARMTH according to Rule 5.

Should a warm bath be procurable, the body may be placed in it up to the neck, *continuing to imitate the movements of breathing.* Raise the body in twenty seconds in a sitting position, and dash cold water against the chest and face, and pass ammonia under the nose. The patient should not be kept in a warm bath longer than five or six minutes.

Rule 4.—*To excite Inspiration.*—During the employment of the above method, excite the nostrils with snuff or smelling-salts, or tickle the throat with a feather. Rub the chest and face briskly, and dash cold and hot water alternately on them.

The efforts to restore life must be persevered in until the pulse and breathing have ceased for at least an hour. For well-attested instances of resuscitation are on record, after several hours of suspended animation.

Another method of effecting artificial respiration is by *catheterism of the trachea.* "The operator inflates from his own chest ; but as he is able to drive in much more air than is absolutely necessary, its impurity is of no great consequence. An assistant must empty the patient's lungs by compression of the thorax between the insufflations."—*Shaw's Medical Remembrancer.*

### TREATMENT AFTER THE RESTORATION OF NATURAL BREATHING.

Rule 5.—*To induce Circulation and Warmth.*—Wrap the patient in dry blankets and commence rubbing the limbs

upwards, firmly and energetically. The friction must be continued under the blankets or over the dry clothing.

Promote the warmth of the body by the application of hot flannels, bottles or bladders of hot water, heated bricks, etc., to the pit of the stomach, the armpits, between the thighs, and to the soles of the feet. Warm clothing may generally be obtained from bystanders.

On the restoration of life, when the power of swallowing has returned, a teaspoonful of warm water, *small quantities* of warm wine, warm brandy-and-water, or coffee, should be given. In some cases, an enema of beef-tea and brandy is to be preferred to administration by the mouth. The patient should be put into a warm bed, in a room well ventilated, and encouraged to sleep. Great care is requisite to maintain the restored vital action, and at the same time to prevent undue excitement.

In cases of *Suffocation from Hanging*, the treatment is much the same, after the body has been cut down, and the ligature removed from the neck.

When a *Stroke of Lightning* has produced Asphyxia, the body should be dashed for ten or fifteen minutes with abundance of cold water to promote reaction. The body should also be diligently rubbed. But artificial respiration should be resorted to. A current of electricity passed through the chest, from breast to back, may prove beneficial.

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## 217.—Concussion of the Brain (*Concussio cerebri*).

Definition.—An interruption to the functions of the brain, from a blow or other mechanical injury of the head; it may vary in degree from a slight stun to extinction of life.

Symptoms.—Insensibility; pale face; small or imperceptible pulse; stertorous breathing; cold extremities; etc.

By shaking the patient, or calling his name loudly in his ears (which, however, should never be done), he may give a surly answer, and soon become insensible again. After a time, longer or shorter according to the severity of the injury, reaction comes on, and consciousness returns, often with vomiting. At first the reaction may be imperfect; it is often several days or even weeks before the power of the mind is restored.

Treatment.—*Arnica.*—Place two pilules upon the tongue, or moisten it with a few drops of the tincture by means of a feather or quill, and repeat the dose every hour for several times.[1]

*Aconitum*—Should be administered alternately with *Arn.* if fever attend the return of consciousness. But if there be danger of cerebral disturbance—head-ache, flushed face, or other head-symptoms—*Acon.* and *Bell.* should be alternated. *Opi.*—Stertorous breathing; constipation remaining after concussion. *Hyos.*—Delirium, low or furious.[2] A dose every one, two, or three hours.

General Treatment.—The patient should be placed in a warm bed, with his head at first moderately low, and warmth applied to his extremities and axillæ. On no account should he be induced to eat or drink; he must also be kept very quiet, and no attempt made to arouse him. When reaction comes on, the head and shoulders should be raised a little, and cold evaporating lotions applied, keeping the patient at the same time in a cool, quiet room, with the light modified, and noise and conversation shut out. He must be under care for two or three weeks, lest some insidious inflammation should arise within the head.

[1] See *H. World*, v. iii. p. 176; v. vii. p. 279. [2] V. vii. p. 150.

## 218.—Burns and Scalds (*Ambusta*).

Definition.—An injury produced by radiated heat from any hot body, or by the direct contact of hot solid, liquid, or gaseous substances.

Varieties.—(1) The *Erythematous*, producing mere redness, and soon terminating in resolution; (2) the *Vesicated*, in which the inflammation leads to the exudation of serum and the formation of vesicles, which, in slight cases, soon dry up and heal; or if the skin has been much injured, may be succeeded by obstinate ulcers. (3) The *Gangrenous*, from destruction of the tissues. This variety, although usually exempt from pain, is by far the most serious.

The constitutional disturbances, and the periods of danger consequent on deep burns, have been divided into three stages: 1. Depression and congestion, during the first four or five days; 2. Reaction and inflammation, in which the patient may sink with an affection of the head, chest, or abdomen; and, 3. Suppuration and exhaustion, which may continue from the second week to the close, and are often associated with Hectic or Pleurisy. The danger of burns often depends more upon their *superficial extent* than upon the depth of the injury. *Burns on the trunk, head,* or *neck,* are far more perilous than those of an equal extent on the extremities. Children appear to suffer much more severely from burns than adults.

Treatment.[1]—A most important object to be attained is to cover the injured part with some suitable material that shall *exclude atmospheric air*, which should not be removed till the cure is complete. One of the following local applications is recommended:—

1. *Carbolic Acid and Olive Oil.*[2]—One part of the *Acid* (as

[1] See *H. World*, v. vii. p. 234.

[2] V. ii. p. 268; v. iii. pp. 20, 43, 90; v. v. p. 157.

prepared for medicinal uses) to six parts of *Olive Oil*, is found to be invaluable in most cases, slight or severe. It is cleaner, more easy of application, and more soothing than most other remedies. One layer of lint put on at first should not be removed: this should be kept saturated by the removal of outer layers from time to time. When the wound is healed it is easily and comfortably dispensed with. As a domestic remedy, it is recommended to be kept always ready for burns and scalds, just as *Arnica*, *Calendula*, etc., are kept ready for other kinds of accidents.

The application of a lotion of *Urtica Urens* (twenty drops of the tincture to an ounce of water) in the simplest cases, or of *Cantharides* (ten drops of the tincture to an ounce of water) when *blisters* are forming, by means of cotton-wool, is of great service. *Kreas.* is also sometimes useful.

2. *Soap.*—Moisten white or brown soap in water, and rub it on a piece of linen so that the soap forms a coating on the linen as thick as a shilling, and larger than the wound it is intended to cover, so that it may the more perfectly exclude the air.

3. *Flour or Starch.*—One of these may be used as a substitute in the event of either of the above not being at hand. Wheaten flour or finely-powdered starch should be uniformly and thickly applied by an ordinary dredger, so as to form a thick crust by admixture with the fluids discharged from the broken surface, thus excluding the air; and repeated when any portions fall off. Flour is, however, inferior to *Carbolic Acid*, and its after-management is more difficult.

The points of greatest importance are *immediate application* of the local remedy, complete *exclusion of atmospheric air*, and *unfrequent* changing of the dressings—not, indeed, until they have become loosened or fœtid from the discharges. A *complete* change of dressing often causes pain, depression, and the detachment of portions of the new skin, and so retards the cure.

When, after the removal of the first dressing, ulcers exist, *Calendula* or *Glycerine* cerate, or a mixture of *Urtica Urens* and *Olive Oil* (one part to six), is a suitable application. Any discharge should be carefully removed, and the parts kept as clean as possible.

*Internal treatment*, except in slight cases, is always necessary, and must be suited to the part injured, its extent, and the constitutional symptoms present. As a general rule, *Acon.*, early, does good, by allaying febrile symptoms, mitigating pain, and moderating reaction. *Arsenicum* is valuable if ulcers form, or if the burn present a gangrenous appearance. *Sec.* and *Carbo V.* are also useful in the latter condition.

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## 219.—Contusion (*Contusum*)—Bruise.

Definition.—An injury inflicted on the surface of the body by mechanical violence, without laceration of the skin. It may be either slight, involving only the rupture of minute *subcutaneous* blood-vessels, and perhaps the tearing of some muscular fibres; or a large blood-vessel may be torn; or even disorganisation of the tissues beneath the skin may be caused, as from the dull force of a spent cannon-ball. The remarkable properties of elasticity and toughness possessed by the skin often permit serious damage to its underlying structures while it remains entire.

Causes.—A blow from a hard, blunt body; forcible pressure between two forces, as a wheel passing over a limb and crushing it; or indirectly, as when the hip-joint is contused by a person falling on his feet from a height.

Treatment.—In the less severe form of bruises, which alone are prescribed for here, the object should be to excite, as speedily as possible, the absorption of extravasated blood. To this end the bruised part should be raised, and a *warm*

*Arnica lotion* (one part of the strong tincture to ten of water) *immediately* applied by saturating lint with the lotion, and covering it with oil-silk, to exclude the air. The value of this application is undoubted, and happily is now becoming generally recognised. If the patient have a predisposition to Erysipelas, *Ham.* should be used instead of *Arn.* In contusions involving glandular structures, as the female breast, *Coni.* is recommended; or when the covering of bone, as of the shin, is involved, *Ruta.* When pain or tenderness has subsided, a bandage should be applied. Leeches or punctures, where there is any chance of procuring absorption by other means, should never be resorted to, as air would thus be admitted to the part, and suppuration set up.

Ecchymosis.—This is discoloration of the skin following a bruise, and is produced by extravasated blood under the skin. It is first of a reddish colour, but speedily becomes black. During recovery, the parts change, first to a violet colour—the line which defined the bruise becoming indistinct—afterwards to a green, then yellow; and thus, sooner or later, according to the health of the individual, or the quantity of blood poured out, the discoloration disappears. *Black-eye* is a common instance of *ecchymosis.*

*Arnica lotion* has great power in *preventing* this condition if used *immediately* after an accident.[1] When extravasation has already occurred, *Hamamelis lotion* (one part to six of water) is more appropriate.

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## 220.—Sprain (*Stremma*)—Strain.

Definition.—An overstretching of the ligaments and tendons, generally with a rupture of some of their fibres.

Treatment.—The immediate treatment consists in the

[1] See *H. World*, v. iii. p. 106; v. v. p. 192.

application of hot water, as hot as can be borne, until the pain is considerably modified, followed by a compress of cloths moistened with a lotion of *Acon.*, *Arn.*, *Rhus*, *Ruta*, or *Hyper.*, and covered with oil-silk. The remedy used for the lotion may be also taken internally.

*Acon.*, in alternation with *Rhus*, may be administered, when the joint becomes swollen and painful; and when constitutional disturbance attends the injury.

When the pain and swelling subside, good strapping is better than the compress, as it supports the muscles during exercise, and does away with the necessity for prolonged rest. Care, however, should be observed for several weeks, as the injury may easily be re-induced, and then the cure becomes difficult and tedious, especially if the patient has a rheumatic tendency.

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## 221.—Wound (*Vulnus*).

Definition.—A solution of continuity, or separation, by external violence, of parts naturally united.

Wounds are termed *incised*, when made by clean-cutting instruments; *punctured*, when the depth exceeds the breadth, as stabs; *lacerated*, when the parts are torn and the lips of the wounds irregular; *contused*, when effected by bruising (see Section 219). We may also add that a *gun-shot* wound is termed *penetrating*, when the shot is lodged in the part; *perforated*, when it passes through it, and, according to law, *burns*. For *poisoned* wounds, see Section 208.

Treatment.[1]—The following are the chief points:—1st.

[1] The "antiseptic treatment of wounds," as first chiefly practised and expounded by Mr. Lister, of Edinburgh, in which, during the opening of abscesses, or in the performance of various surgical operations, a cloud of spray of Carbolic Acid solution uninterruptedly envelopes the part and the hands of the operator, and the wound subsequently dressed with Carbolic Acid lotion, seems to prevent local irritation, Erysipelas, Pyæmia, and the forma-

*To arrest the bleeding.*—In most cases, the elevation of the part, keeping the bleeding surface uppermost, the application of cold, moderate pressure, and the co-aptation of the edges of the wound, will suffice. A *Calendula* lotion tends to arrest hæmorrhage and check suppuration. In severe wounds involving *arteries*, the parts should be laid open by a surgeon, and the wounded vessels ligatured.

2nd. *The removal of foreign bodies.*—Dirt, hairs, glass, clots of blood, etc., should be speedily removed by the fingers, forceps, or sponge and water.

3rd.—*To bring the injured parts into nice apposition.*—Any muscular fibres likely to prevent complete union should be relaxed, or divided, and after the sides of the wound have been accurately adjusted, they must be kept so by strips of adhesive plaster, first applied to that side of the wound which is most movable, and then secured to the other. But, in extensive wounds, where plaster would be insufficient, stitches should be employed.

4th. *To promote adhesion.*—To secure this, the part should be kept at rest, and if the injury be severe, the patient should remain in bed.

5th. When a wound is *dressed*, say once in every twenty-four hours, a rag or sponge wetted with warm water should be laid over the dressing, so that it may be removed without the risk of disturbing the surfaces which may have partially

tion of pus, as the result of surgical and accidental injury. Constitutional disturbance is prevented or minimised. The modes of dressing which are employed may be gathered from modern surgical writers. In dealing with wounds on antiseptic principles, *the exclusion of atmospheric air*, as such, is strictly necessary, whether the air be *per se* the toxic agent, or whether it be a vehicle of those impurities which determine suppuration in an open wound. The air in contact with the exposed wound must be fully charged with the disinfectant, so that it may be admitted to the wound or cavity without risk to the patient. Belief in the so-called *germ theory* of disease is not necessarily involved in the above method of treatment.—See *H. World*, v. iii. p. 162; v. v. p. 275.

united. Lotions may often be renewed by removing the oil-silk only, and dropping lotion on the rag or lint, or pouring it on by means of a spoon, and then replacing the oil-silk.

6th.—*To control dangerous bleeding*, as from a sharp-cutting instrument. When blood flows in a *steady stream*, and is *dark-coloured*, it is from a vein, and can generally be checked by applying cold water, and exposing the cut surface to the cold air. But if large veins be wounded, they should be compressed with the fingers, or by a bandage. A few thicknesses of linen, with steady compression, are more efficient than heaping on a large quantity. *Bright-red* blood, flowing in *jets*, is *arterial*, and similar means must be adopted to those just pointed out, unless the bleeding be excessive, in which case a handkerchief should be tied round the limb, near the wound, and between it and the heart; a stick inserted under the handkerchief and a firm compress over the course of the blood-vessel; the stick should then be twisted until it stops the circulation, and, consequently, the bleeding. But such means are only temporary, as wounded arteries of size require to be *ligatured* by a surgeon before bleeding can be permanently arrested. If no surgeon can be obtained, a clever manipulator should grasp the wounded artery with a pair of forceps, and draw it slightly and gently forward, so that it may be securely tied by means of a strong ligature of silk; or hæmorrhage may be arrested by twisting the end of the artery round and round until it will not untwist itself. The latter method is designated, *torsion*.

7th.—Should a wound or bruise be followed by constitutional disturbance—fever, chills, and throbbing in the parts—internal medicines should be administered.

*Arn.* (as prepared for internal use) and *Acon.* will generally meet the requirements of such cases, and should be administered every three hours, in alternation, for several times; or if the injured part be very painful and swollen,

with congestive headache, etc., *Bell.* may be alternated with *Acon.*; or with *Hep.-S.*, when suppuration is established, or *Sil.*, when the suppuration is unhealthy.

Cuts.—The treatment of this variety of wounds, if only of moderate size, is generally simple. The edges of the cut should be brought together and maintained so by narrow strips of *strapping-plaster*; then, if necessary, a bandage applied over the plaster. In two or three days the plaster should be removed without disturbing the union, and replaced by new. If, however, inflammation and pain occur, the application of *lint*, saturated with *Calendula lotion*, covered with oil-silk, and a bandage over all, is necessary.

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## 222.—Foreign Bodies (*Corpora adventitia*).

Treatment.—Any foreign body in the flesh—glass, a thorn, splinter, broken needle, etc.—should be removed as quickly as possible, by the fingers or by forceps, or sponge and water if the wound is lacerated.

Foreign Bodies in the Eye.—If sand, flies, or hairs are between the lids and the globe, they should be removed immediately by bathing the eye; but if the substance cannot be removed in this manner, the eye should be gently wiped with a soft, moistened handkerchief, or with a feather, or a bent bristle may be used, the two ends being held by the finger and thumb. In one of these ways, with a little perseverance, the offending substance may generally be removed.

If small pieces of *flint or iron* become fixed in the front part of the eye, they should be most carefully picked out with a needle or the point of a lancet. If the intruder be in the upper eyelid, the lid should be everted.

*Mortar or lime* is rapidly destructive. If seen *immediately*, the eye should be washed with a tepid solution of vinegar

(℥j ad aq. ℥ij). The lids should be everted, and every particle of lime removed. Grains of *gunpowder* may be removed with plain tepid water.

When the foreign body is removed, a week *Arnica lotion* should be applied to the eye by means of lint or soft linen, and covered to prevent evaporation.

Foreign Bodies in the Ear.—Peas, stones, slate-pencil, glass-beads, shells, etc., are sometimes found in the ear-passage; or cotton-wool which has been forgotten, or a portion of which only has been removed, is occasionally met with. If permitted to remain, such substances rarely occasion any untoward symptoms, although they may continue a long time, till uneasiness in the ear leads to an examination of the tube. Any such body should be removed as gently as possible, either by syringing the ear with warm water, or other simple means. An *insect* will instantly retreat if a drop of sweet oil be let drop into the ear. If the foreign body cannot be removed by gentle means, the case should be submitted to a surgeon, so that a careful examination may be made by means of the ear-speculum and the aid of sunlight or a lamp. This examination is necessary for two reasons; for although a foreign body, if present, may generally be seen without such means, still the absence of such body cannot be affirmed without a complete exploration of the tube. Further, instances often occur in which surgeons are requested to remove a foreign body when none exists, and a proper examination with the speculum would often prevent any injudicious meddling with instruments. A late eminent hospital surgeon is said to have dragged out the little bones of the ear (*stapes*) whilst attempting to find a small nail, which was not in the ear at all! A careful exploration of the canal, as above suggested, would have prevented such a serious practical mistake. Any soreness or inflammatory symptom that may ensue from the foreign body, or the attempts at extraction, should be met by the application of a

weak *Arnica lotion* (six drops of *Arnica* ϕ to two tablespoonfuls of water). See "Studies on the Ear," by the Author, *H. World*, vol. x., p. 73.

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## 223.—Fracture (*Fractura*)—Broken Bone.

A few words on the immediate management of cases of broken bones seem necessary in this Manual, as a surgeon is not always just at hand, and it is necessary to be prepared to act till surgical attendance can be had.

Symptoms.—A fractured bone may generally be detected by having felt or heard it *snap;* by some *deformity*, such as bending or shortening; by the fact that if the upper end of the bone is held firmly by the hand, the lower part may be moved independently; also by a grating noise (*crepitus*), which may be heard if the broken ends are rubbed against each other. Further, there will be pain, loss of power of the broken part, and other symptoms. Fracture is said to be *simple* when there is no wound of the skin communicating with it; *compound* when there is such a wound.

Causes.—*Mechanical violence* is the most frequent; but muscular contraction is sometimes a cause. Old age, some diseases, excessive drugging with Mercury, and prolonged disuse of a limb, render bones liable to fracture from trifling causes.

Immediate Treatment.—

A broken leg should be fastened to the whole one by a handkerchief at the ankle, and above and below the knee, before the patient is removed.

A fractured arm requires the immediate support of a sling, which may be made by a handkerchief and fastened round the neck.

Broken ribs require a *flannel* bandage, about two hands broad, round the chest, with shoulder-straps to keep it up. A

rather tight-fitting bandage lessens the movement of the chest in breathing, and is a great comfort. Flannel is better than linen, as it is more elastic.

The patient must be moved *gently*, and special care taken to prevent the broken bone from being forced through the flesh and skin. He should be placed on a stretcher or litter, and taken to his home, or to a hospital. A litter may be made of a couple of poles and a horse-cloth or sack; even a door or hurdle may serve the purpose. Placing him on this, and carrying him by two men, is much better than removal in a cart or carriage. It is important *not to be in a hurry*, as an injury is often greatly aggravated by carelessness or too hurried measures. When a surgeon is within a moderate distance, after making the patient as comfortable as possible, it is better to wait a little, so that he may superintend the moving.

When there is a wound and much bleeding, see Sec. on "Wounds."

When the patient has been placed on a firm bed or mattress, and the injured part examined, the surgeon will bring the broken ends of the bone into close apposition, and in their natural form, and having done this, maintain them so, and at rest, till firm union has taken place. To maintain the proper shape and length of the limb, *bandages*, *splints*, and other apparatus are required. Little can be done, however, beyond a merely temporary arrangement, until the surgeon arrives, as these cases can only be properly treated by a professional man.

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## 224.—Exhaustion of the Muscles (*Exinanitio virium*) —Fatigue—Over-exertion.

Definition.—A condition of the *muscular system* induced by an undue drain on its strength.

Treatment.—If the feet be swollen or blistered, or the

ankles ache after walking, a warm foot-bath may be used, to which a teaspoonful of the strong tincture of *Arn.* has been added; the relief afforded is often immediate and permanent. If the hands or wrists ache from excessive or unaccustomed exertion, they may be bathed in about a pint of water, to which twenty or thirty drops of *Arn.* have been added. If necessary, in one or two hours the application may be repeated. In muscular fatigue from long-continued or severe exertion, affecting the hips, thighs, etc., a hip-bath, to which a drachm of the strong tincture of *Arn.* has been added, is an excellent remedy. The patient should remain in the bath about five minutes. Whatever kind of bath is used, and to whatever part applied, it should be *warm* if used in the evening or soon after exertion, but *cold* or *tepid* in the morning.

*Arn.* should be administered whenever there is muscular fatigue, from whatever cause. Its power to aid the restoration of exhausted muscle is truly wonderful.

Accessory Measures.—When suffering from fatigue, a light repast only should be taken; a full heavy meal might occasion serious embarrassment to the digestive organs, as they equally suffer from the general weariness.

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## 225.—Poisons[1] (*Venena*).

When it is known that a deleterious substance has been swallowed, as *Arsenic* and other *mineral poisons, Opium, poisonous fish, alcohol,* etc., vomiting should be immediately excited, by tickling the back of the throat with a feather or the finger; or, if this fail, by the administration of an *emetic.*

Emetic.—The following is a convenient emetic: for a child a teaspoonful of mustard in a teacupful of warm

[1] For the general symptoms and treatment of poisoning from various substances, see Part V. on "Poisons."

water; for an adult—a dessert-spoonful in a breakfast-cupful of water. This may be repeated as often as necessary, and followed by copious draughts of warm water, so as to empty the stomach as completely as possible. But if *Arsenic*, or *Tartar Emetic*, be the poison, no *warm* fluids should be used, as they tend to increase the activity of the drug.

The treatment of cases of poisoning must be considerably modified according to the nature of the poison, and a medical man should be summoned immediately, while the temporary measures just suggested may be resorted to until he arrives.

# PART IV

## Materia Medica.

Introductory.—With some exceptions, the remedies prescribed in this work are restricted to the fifty in the list, pages 80, 81; most of which, in consequence of their frequent use, have been called *polycrests*, or many-healing remedies.

Professional homœopaths, however, as a rule, have a choice of several hundred remedies, each in different dilutions. A physician has, therefore, great advantage over the amateur practitioner.

A difficulty will sometimes be experienced in choosing between two or more remedies, the symptoms of which bear many points of resemblance; still, in nearly every instance, characteristic differences exist, which the experienced eye can detect. Remedies which, to the superficial observer, seem identical, will be found on closer inspection to possess distinctive features, determining, in the *ensemble* of the symptoms, the constitution and temperament of the patient to which it is adapted. Indeed, it rarely happens that either of two remedies can be selected indifferently.

A prompt and successful use of the Materia Medica can only be attained after persevering study and practical application; but the student should not be deterred, though difficulties surround, and occasionally failures attend, first attempts; for a deeper acquaintance with the remedies, and enlarged experience in using them, will enable him to be the instrument of restoring multitudes to health who need and claim his aid.

## 1.—Acidum Muriaticum—*Muriatic Acid—Hydrochloric Acid.*

This is a colourless liquid when pure, having a very sour taste and a suffocating odour.

Leading Uses.—*Low forms of toxæmic fevers*—Typhus, Enteric, etc.; aphthous, ulcerative, and malignant affections of the *mouth, tongue,* and *throat*; Scarlatina Anginosa in the putrid stage, and *Diphtheria* (as a local application); blackish or brownish sordes on the teeth; etc. In the above conditions it rivals *Arsenicum*. *Ac.-Mur.* is recommended for chronic ear-ache following Scarlatina, and we have found it most useful in several affections consequent on Scarlatina, Enteric fever, etc., especially Deafness, offensive purulent discharge from the ears, nose, etc., more particularly in scrofulous patients; burning itching eruptions, ulcers secreting a fœtid ichor, Eczema of the ear, etc.

*Ac.-Mur.* may be used as a gargle or paint in ulceration of the throat, and in Diphtheria; taken internally, it is generally prescribed in the 1x to 3x dil.

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## 2.—Acidum Nitricum—*Nitric Acid.*[1]

Leading Uses.—Chronic, *Scrofulous, Syphilitic,* and *Mercurial* affections, chronic varicose veins, with tendency to ulceration. In the toxæmic fevers, *Ac.-Nit.* is frequently required, especially in typhoid or malignant Scarlatina, Small-pox, etc.

Eyes, Ears, etc.—Purulent Ophthalmia, and Otorrhœa; Ozæna.

Respiratory System.—Chronic, violent, dry, laryngeal cough, with stinging or smarting sensation on one side, as if a small ulcer were there; Hooping-cough.

[1] See *H. World*, v. ix. p. 169.

Digestive System.—Sore diphtheritic and ulcerated throat (internally and as a gargle); Salivation, with spongy swelling and bleeding of the gums; heartburn, with sour eructations; chronic Gastritis and Cardialgia of drunkards; chronic Liver-disease; Diarrhœa of children, the motions being green, curdled, mixed with mucus, and passed with straining; chronic Diarrhœa and Dysentery; Fistula and Fissure of the anus; Prolapsus ani; torpid Hæmorrhoids, the tissues having lost their contractile power.

Urinary and Generative System.—Enuresis, with fœtid, purulent urine. *Ac.-Nit.*, sufficiently diluted, has been recommended, and successfully employed, as an injection, for phosphatic Calculi, and chronic corrosive and fœtid Leucorrhœa; also as a local application for soft Chancre, syphilitic Ulcers, and Condylomata. Two drachms of the dilute acid to a pint of water is the strength Ringer recommends, and with this wash the Condylomata are to be constantly kept moist.

Skin.—Ulcers, with rapid destruction of tissue, soft edges, of grayish-green colour, and tendency to *fungoid growths*.

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### 3.—Acidum Phosphoricum—*Phosphoric Acid.*

This is a colourless inodorous liquid, of an agreeable acid taste. It is obtained by the mutual action of *Phosphorus* and *Nitric Acid* in distilled water.

Leading Uses.—*Physical or nervous debility*, from any cause, with *cold clammy sweats or profuse perspiration;* exhaustion from loss of the fluids of the body, as in hæmorrhage, excessive or prolonged Diarrhœa, Spermatorrhœa, etc.; passive Hæmorrhage; consequences of grief, care, too rapid growth, Onanism, etc. Phthisis, with colliquative sweats, great exhaustion, Diarrhœa, and general hectic con-

dition. Spinal weakness, with great fatigue on exertion, and frequent inclination to pass water; curvatures of the spine; scrofulous *Caries of bone,* and consequent Hectic. Falling-off of the hair after a severe illness, or as a sign of general debility. In old school materia medica it is considered tonic, refrigerant, and aphrodisiac, and is administered in large doses (10 to 30 min.)

Head, etc.—Headache at the back and nape of the neck, with pale face, from nervous exhaustion; dull or confused intellect, weak memory, dejection of spirits, etc., from brain-fag, seminal or other losses, or exhausting disease. Weakness of sight, and deafness, during, or consequent on, severe disease.

Respiratory System.—Chronic Bronchitis, with bloody purulent expectoration, and night sweats; Pneumonia, with hardness of hearing, excessive weakness, pale sunken face, Diarrhœa, etc.

Urinary System.—Too *frequent desire to pass water,* especially in the morning, the urine being copious and light-coloured; frequent involuntary emissions of urine with nervous symptoms; Diabetes Mellitus; semi-phosphatic deposits in the urine, or alkalinity from nervous depression; milky urine in children.

Generative System.—*Seminal emissions from self-abuse;* impotence, from too rapid escape of the semen after an erection or before it is complete; general debility from sexual excesses or Spermatorrhœa; thin, acrid, chronic Leucorrhœa, with pale face.

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## 4.—Acidum Sulphurosum—*Sulphurous Acid.*

When Sulphur or brimstone is burnt, a highly characteristic, pungent, and stifling odour is evolved, which is the

odour, not of Sulphur, but of its dioxide, and when this gas is collected in water, it forms *Sulphurous Acid.*

It has a powerful deoxydizing property, and a most destructive action on vegetable life; it is upon this latter property that its therapeutic value mainly depends.

Within the last few years, this acid has acquired considerable notoriety, chiefly through the publication of a pamphlet by Dr. Dewar, of Kirkcaldy, that gentleman having used the drug largely, and obtained most satisfactory results by its administration in a variety of diseases. Dr. Baikie, in an article in the *H. World* (vol. iii., p. 5), has pointed out the general uses of this remedy, and offered suggestions on the method of its exhibition, with some cautionary hints. In other parts of the same volume there may be found further remarks on the uses of *Sulphurous Acid*, both within and without the domain of medicine.

An *Alcoholic Solution* of Sulphurous Acid is now prepared which is a colourless fluid of intensely pungent sulphurous odour, and instantly bleaches litmus. In consequence of the rapid evaporation of this alcoholic solution upon exposure to the air, and resulting disengagement of 100 times its volume of the agent with which it is saturated, we recommend it for all the purposes for which Sulphurous Acid is used, especially as a *gargle*, or in the form of a *spray* to the throat, diluted one part to about ten of water. Also as a *disinfectant* and *deodoriser.*

Its dynamic action is similar to that of *Sulphur*, but it is more generally convenient and applicable for local use than the ointment of its base; and for inhalation, the *spray-producer* enables us to use it easily and with precision, while its fumes are readily producible at any time.

Leading Uses.—*Throat and chest affections*—diphtheritic Sore throat, Tonsillitis, clergyman's Hoarseness, chronic Catarrh, Influenza, Cough, Bronchitis, Asthma, etc.; *Neu-*

*ralgia and Toothache ; cutaneous diseases*—Ringworm, Eczema, Chilblains, Cracked and Chapped hands, Ulcers, Sores, etc. ; *vegetable and animal Parasites*—Scabies, Pediculi, Helminthiasis, etc. It is chiefly appropriate to *chronic affections* requiring *Sulphur* internally, when local medication is also desirable, and, especially, when fungoid, parasitic, or septic conditions are present.

Besides its use in the form of a *spray*, it may also be applied by *fumigation*, or by *inhalation*, a few drops being poured on boiling water and the vapour therefrom inhaled. Further, it may be used as a paint for the skin or throat, diluting the acid with about twice its bulk of Glycerine.

As an *antiseptic* and *disinfectant* in larders, kitchens, and as an agent for extinguishing contagion, it is very valuable.

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## 5.—Aconitum Napellus—*Monk's-hood—Wolf's-bane.*

This plant is a native of Asia and of central Europe, and grows spontaneously in the damp and covered parts of almost every mountainous country, especially in Switzerland, Germany, and Sweden. On account of its beautiful flowers, notwithstanding its poisonous properties, *Monk's-hood* is cultivated, and grows readily in the gardens of our own land.

*The parts used are*—the leaves, flowers, and root, from which tinctures are made; but it is from the root that the most active preparation is obtained.

Therapeutic Value.—As a therapeutic agent, in the hands of a homœopathic practitioner, *Aconitum* is one of the first importance. "This medicine," says Hempel, "constitutes the backbone, as it were, of our Materia Medica;" there being scarcely an acute disease in which it is not more or less required. Had Hahnemann's labours extended no further than the discovery and demonstration of the wide

and inclusive curative power of this great remedy, they would have entitled him to the gratitude of countless myriads of his fellow-creatures in every succeeding generation. He most appropriately ranks it as first and foremost in his Materia Medica, not because its name begins with the first letter of the alphabet, but because of its transcendent power and extensive sphere of action: he terms it a "precious plant," whose "efficacy almost amounts to a miracle." Let the sceptic in homœopathic therapeutics test its power in *acute fevers* in accordance with the directions laid down in this Manual, and he will witness a curative action such as is unknown in allopathic practice, and which amply justifies the statement that "*Aconite* is the *Homœopathic Lancet.*" As confirmatory of this assertion, we may cite the extensive use of *Aconite* recently adopted by allopathic practitioners of eminence as a substitute for the antiphlogistic measures formerly in vogue. Some striking instances of this adoption of Hahnemann's teachings and practice by men of the old school are given in the early numbers of the *H. World* for 1869.[1]

Prominent Uses.—*Aconite* is useful in all affections (*not toxæmic*) accompanied by, or depending upon, *arterial excite-*

[1] The *Lancet* regards it as an almost infallible remedy, and, in estimating the "cooling power of drugs," remarks: "It is curious here to observe how really powerful agents have been neglected, while an absurd confidence has been reposed in remedies which could not possibly have any genuine effect. Only think of the gallons of '*sweet spirits of nitre*' that have been poured down people's throats! Yet this is a medicine which may be confidently pronounced to be unworthy of the slightest confidence, were it only from the fact that no two specimens ever resemble each other in composition, and that a considerable number probably contain scarcely a vestige of the real drug. And then reflect, on the other hand, on the extraordinary neglect of *Aconite*—a drug which enjoys certainly the nearest approach to infallibility, as a reliever of *dry* heat of skin, of any remedy that we possess."—*The Lancet*, April 6, 1872. "Curious," indeed, to this allopathic editor; but well known to Homœopaths for nearly eighty years. Ringer, in the fourth edition of his "Therapeutics," writes: "Perhaps no drug is more valuable than *Aconite*. Its virtues are only beginning to be appreciated" (!).

*ment* or *arterial congestion.* It is also very serviceable in some reactionary conditions—exhaustion after excitement, etc. It surpasses all other known remedies in its power of controlling the circulation, and triumphantly supersedes the lancet and the leech. "To enumerate the diseases for which it is suitable would be to mention the acute inflammation of every possible order and tissue of the body; and if it be not for all of these the sole remedy, it is almost always useful either previous to, or in alternation with, another remedy which has perhaps a more specific relation to the part affected" (*Dudgeon*).

Although it may be often greatly abused, it is probably more frequently indicated than any other single remedy, especially at the commencement, and often during the course, of nearly all affections marked by—*pain;* a *rapid* strong *pulse; dry heat* of the *skin; chills,* followed by burning heats; restlessness; *scanty* and high-coloured *urine;* Constipation; aggravation of the symptoms towards night: notably, *Acute Rheumatism, catarrhal fevers, Erysipelas, Hæmorrhage* from internal or external surfaces, especially of an arterial character, with full, bounding pulse. It acts by moderating and equalising the circulation, and so removing local congestion, especially when affecting mucous surfaces. Cases within the sphere of *Aconite* are generally benefited at once; if, therefore, relief does not follow after a few doses, other means should be tried.

*Aconite* has, however, no power to control fevers depending upon a poisoned state of the blood, such as exists in Enteric, Typhus, and Intermittent fever. Even in the eruptive fevers —Scarlatina, etc.—it cannot reduce the pulse until the eruption comes out. Again, as Hughes remarks, *Aconite* does little for a fever which is symptomatic of an acute local inflammation. In Pneumonia, the pulse defies *Aconite,* but goes down quickly when *Bryonia* or *Phosphorus* touches the

local mischief. "Indeed," writes the same author, "it may be laid down that unless a fever (not being rheumatic) has greatly abated within twenty-four hours of commencing *Aconite*, it is one for which the remedy is unsuited." But although it cannot abridge specific fevers, its administration exerts a beneficial influence by favouring perspiration, inducing sleep, and soothing the nervous system. "In some inflammations, however, especially rheumatic, *Aconite* alone may effect a cure, as being a specific irritant of the part affected. It is only when, in a part to which *Aconite* is not specifically irritant, true inflammatory changes have actually begun, that it ceases to exert remedial influence, and a medicine homœopathic to the local mischief must take its place." In the use of *Aconite*, the general recognition of these observations is necessary to prevent disappointment.

Nervous System.—*Neuralgia* depending upon arterial excitement of the affected part, such as occurs in persons debilitated by anxiety, over-excitement, etc., in whom the disturbed equilibrium tends to local congestions. Neuralgia depending upon diseased bone, carious teeth, or tumours pressing on nerves, are only temporarily, or not at all, benefited by *Aconite*. *Congestive Apoplexy* with bounding pulse; *Paralysis*, with numbness and congested skin, and painful pricking sensations, as from needles; *Paralysis* of Spinal Meningitis, from cold; *Lock-jaw* from the shock of sudden injury; *Infantile Convulsions; spasmodic Croup; Congestive Headache* when the sensorium is not involved; nervous tremors in sensitive and weakly persons; etc.

Eyes, Ears, Face, etc.—*Acute Ophthalmia*, with shooting pains, and frontal headache; acute *Otitis*, *Otalgia*, and *Deafness*, from cold; *Catarrh* in the invasive stage (see "Respiratory System" below); Nasitis; over-sensitiveness of smell; *Epistaxis* from cerebral congestion. *Facial Neuralgia* (see "Nervous System").

Circulatory System.—Rheumatic inflammatory affections of the *heart; Palpitation* from nervous, hysteric, or febrile excitement, or occurring in plethoric or sensitive persons; *Congestion of the heart,* with anguish, heat, depression of spirits; the *paroxysms of Angina Pectoris;* fainting-fits, with collapse of pulse; and the deadly collapse of Cholera.

Respiratory System.—*Catarrh* and *Influenza* in their *invasive* stages—dryness and burning of the air-passages, sneezing, burning and fulness over the eyes, headache, chills, weariness and soreness; fluent Coryza; chronic Catarrh, with thick mucus; acute Sore Throat; Laryngitis; Bronchitis; spasmodic, dry, hard cough; Pleurisy; Pneumonia, Congestion of the lungs; Hæmoptysis; the paroxysms of spasmodic Asthma.

Digestive System.—*Teeth.*—Rheumatic and congestive tooth- and face-ache, especially from exposure to cold and draughts of air; throbbing, pressing pains in the teeth or side of the face, relieved by cold water; fever attending Dentition. *Tongue, throat, etc.*—Dryness and swelling of the tongue; white- or yellow-furred tongue; soreness and dry heat in the throat; Quinsy (often curative in the early stage); swollen, elongated uvula; rising of sweetish or acid water in the mouth. *Stomach, etc.*—Continual formation and eructation of flatulence; bilious nausea, vomiting of blood, with feverish symptoms (in alternation with *Arnica* if from a strain or blow), inflammation of the stomach, bowels, or peritonæum, from cold; constipation, with fever; profusely bleeding Piles; Diarrhœa during *teething,* the little patient's cheeks being flushed, with other febrile symptoms; acute *Congestion of the liver,* and threatened *Jaundice* (alternated with, or followed by, *Mercurius*).

Urinary System.—Retention or suppression of the urine from inflammation or congestion; high-coloured urine, with or without brick-dust sediment; burning and tenesmus of the

neck of the bladder; Inflammation of the kidneys; Urethritis; Acute Orchitis; etc.

Skin.—*Dry, hot,* harsh, and yellow colour; ephemeral itching and burning of the skin. *Acon.* is well indicated in the dry, burning heat of *children,* or red rash, with thirst, etc. Perspiration occurring after this remedy marks its favourable action, and is the token for its discontinuance.

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## 6.—Æsculus Hippocastanum *Horse-chesnut.*

This remedy has been well proved in America, and considerably used both there and at home.

Leading Uses.—Our own experience with this drug, and our prescription of it in this Manual, have been chiefly restricted to affections of the *rectum* and *anus.*

*Digestive System.—Hæmorrhoids,* with small discharges of blood, but much pain, swelling and rigidity of the rectum; *Constipation,* with very distressing sensations—aching, constriction, fulness, pricking, itching, and protrusion—in the rectum and anus, the pains also extending to the back. It is inferior to *Nux Vom.* and *Sulph.* when there is much abdominal congestion, and to *Ham.* when the Hæmorrhage is copious, and there exists a general varicose condition of the system. The chief symptoms, then, for *Æscul.* are *Piles,* with Constipation, severe pain, and but little hæmorrhage; and for these it is a precious remedy.

Generative System.—*Leucorrhœa* with the characteristic pains and lameness in the small of the back. *Lumbar and sacral pains* which accompany Leucorrhœa or Hæmorrhoids, erroneously snpposed to be of a rheumatic character, are specially under the control of *Æsculus.* The provings and clinical reports collected in the second edition of Dr. Hale's New Remedies are both intetesting and satisfactory.

## 7.—Aloe Socotrina—*Aloes.*

This remedy, so much used by our allopathic brethren, is also very valuable to us; but we use it with much greater precision of aim and specific curative results.

Leading Uses.—*Piles,* with profuse discharge of blood, great straining, burning, and cutting pains, and rush of blood to the head; *Dysentery,* with similar symptoms. *Diarrhœa,* like that produced by drastic doses of the drug, having a bilious character and foul smell, and accompanied by an uneasy sensation about the liver, a continual inclination to stool, as if Diarrhœa were about to come on. *Menstruation,* when profuse, and associated with Piles as above described.

*Aloes,* 6th dil., is reported to have cured falling off of the hair.

Hempel states that *Acon.* is the best *antidote* for allopathic doses of *Aloes.*

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## 8.—Antimonium Crudum—*Crude Antimony.*

This mineral is often found combined with small quantities of Lead, Copper, Iron, and Arsenic, and consequently requires great care in its preparation for medicinal purposes. We use the crystalline tersulphide, and prepare it for use by *trituration.*

Leading Uses.—The beneficial action of Antimony is chiefly limited to the mucous membrane of the digestive tract, and the skin, more especially when those surfaces are *concurrently* diseased.

Digestive System.—When this remedy is indicated, the *lining membrane* of the stomach and alimentary canal is loaded with mucus, and there are,—foul, bitter *eructations,* tasting of the food; nausea, and sometimes vomiting; fœtid flatulence; loss of appetite, milky-white tongue; slow digestion, with

drowsiness, loss of strength, etc.; Constipation, alternating with Diarrhœa. It is an excellent remedy in that morbid condition of the intestinal canal which favours the production of *worms*.

Urinary Organs.—Chronic Catarrh of the bladder, with *turbid, fœtid urine,* and sometimes painful micturition.

Skin.—Pimples or blotches; Nettle-rash associated with Indigestion; ill-conditioned, unhealthy appearance. A *simultaneous* affection of the mucous membranes and the skin, as before remarked, is an additional indication for *Ant.-Crud.*

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## 9.—Antimonium Tartaricum—*Tartarated Antimony—Tartar Emetic.*

Though less violent as a poison than was at one time supposed, this salt has, nevertheless, been highly destructive to life, and our chief knowledge of its physiological action has been derived from allopathic experience with it in large doses. For homœopathic purposes it is prepared by *trituration* or *solution.*

Leading Uses.—The chief sphere of action of this medicine lies in the *mucous membranes,* the *lungs,* and the *skin.*

Respiratory System.—In large doses it produces a kind of catarrhal inflammation, beginning in the lining membrane of the throat, and extending to the trachea and bronchial tubes, and even exerting its irritant influence on the lung tissues themselves. We should, therefore, expect *Tartar Emetic* to be a valuable remedy in certain inflammations involving these parts, and experience has amply justified this expectation. In *catarrhal Croup, Bronchitis,* and *Pneumonia,* it has proved a most useful remedy; in the *wheezing breathing* and coughs of children and aged persons, when there is much mucus and defective ability to expel it; also in chronic cough,

with profuse and easy mucous expectoration. Allopathic authorities now recommend *Tartar Emetic* for similar conditions.

Digestive System.—The *vomiting* to which this remedy is homœopathic is nervous and sympathetic rather than gastric, and is attended by *nausea*, great straining, pale skin, and much depression and prostration.

Skin, etc.—When applied locally to the skin,[1] or during its internal administration, as in allopathic uses of it, *Ant.-Tart.* produces a pustular eruption much resembling *Small-pox;* and in this disease it has proved to be of great value. "Not only does it cause a specific pustular eruption closely resembling that of Small-pox, but it has also the vomiting, the pustules of the mouth and throat, the viscid mucus clogging the air-passages, and the hypinosis of the blood, which no less characterise the disease. Correspondingly with this close homœopathicity, the power of *Tartar Emetic* as a remedy for Variola is very great. Testimonies to its value are collected in the *New Materia Medica :* it is said to be especially useful in cases where the respiratory mucous membrane is much affected" (*Hughes*). *Sycosis* (Barber's Itch) and a variety of cutaneous eruptions, especially *Ecthymia*, are amenable to this remedy.

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## 10.—Apis Mellifica—*Honey-bee.*

The medicine is prepared either by macerating the part containing the sting, or triturating the whole bee after drying.

Leading Uses.—Rapid *acute œdema* of various parts; it also affects the mucous membrane of the genito-urinary

[1] "In the form of ointment," Ringer writes, "*Tartar Emetic* excites in the skin a characteristic inflammation, which at first forms papules, then vesicles, and lastly pustules. The rash thus runs the course of the eruption of Small-pox, and in each of its stages simulates this very closely."

organs, producing inflammation, etc. In all affections for which this remedy is prescribed, the presence of urinary difficulties—retention, irritability of the bladder, etc.—furnishes additional indications for its administration.

THROAT, ETC.—Sore throat, with œdematous swelling of the tonsils, uvula, and palate, and stinging pains when swallowing; Hoarseness and dry cough; acute œdema of the tongue,[1] etc.

URINARY ORGANS.—*Apis* has a direct action on the mucous lining of the kidneys and neck of the bladder (compare *Canth.*); inflammatory affections of these organs, with frequent urging, but inability, to urinate.

SKIN.—*Erysipelas* with rapid swelling, minus the inflammatory redness pointing to *Bell.*, or the formation of vesicles characteristic of *Rhus; Urticaria*, for which it is a prime remedy, especially if there be itching with stinging and burning, and acute œdema; *Carbuncles*, with extensive erysipelatous blush; and other skin affections, in which burning, stinging, and itching are prominent symptoms.

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## 11.—Apocynum Cannabinum—*Indian Hemp.*

LEADING USES.—The value of this remedy, as far as at present ascertained, is chiefly restricted to *Ascites, Anasarca*, and nearly every form of *Dropsy*. Its beneficial action seems to be due to its power of restoring and increasing the urinary secretion, and in some cases it proves rapidly curative, even

[1] There is scarcely a remedy that has such marked symptoms of Glossitis as *Apis*. In one case of poisoning, the inflammatory swelling was not the result of a sting in the lining membrane, or of the introduction of the poison nto the stomach, so that the inflammation might be accounted for upon the ground of local action; but the inflammation occurred after a sting in the temple, showing that the virus has a specific effect upon the tongue.—*British Journal of Homœopathy.*

after the ineffectual use of *Apis, Ars., Hell., Dig., etc.* In Dropsy resulting from advanced organic diseases, as *Cirrhosis, Tubercular Meningitis, etc.*, this, like all other remedies, must prove inadequate for its removal. Nevertheless, it is a drug we should administer in the face of the most disheartening symptoms.

Additional Uses.—*Nasal Catarrh;* distention and oppression after meals, with some difficulty of breathing. *Sinking* at the pit of the stomach is also a prominent symptom. *Menorrhagia,* and in some varieties of passive uterine hæmorrhage; the indications are debility, quick feeble pulse, palpitation, irritability of the stomach, and suppressed urine. For Dropsy, one to four or five-drop doses of the ♆ tincture; for Catarrh, the 1x dilution.

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## 12.—Arnica Montana—*Mountain-arnica—Leopard's-bane.*

This plant is indigenous to the mountainous plains of a great part of continental Europe; also to America and Siberia; but it flourishes particularly in Switzerland. Its medicinal properties are more especially concentrated in the flowers and root. The strong alcoholic tincture is of a brownish-yellowish-green colour, yielding a strong characteristic odour, which predominates over that of the alcohol.

Leading Uses.—*Injuries,* immediate or remote, local or general, *from falls or blows;* severe concussions, such as often occur in railway accidents, without leaving external marks of violence; concussion of the brain; *physical fatigue;* backache, stiffness and soreness from walking, riding, etc.; the so-called Rheumatism of the intercostal muscles (*false Pleurisy*) from over-exertion; spasmodic Cough, the violence of which causes aching and soreness of the ides, and even Hæmoptysis.

Aching of the eyes through over-use, Epistaxis or Hæma-

temesis, from severe exertion or a blow. *After-pains* are often quickly relieved by *Arn.*; Angina Pectoris, when the pains are brought on by slight exertion; sores of bed-ridden patients; Chilblains; small Boils, etc.

Special Characteristics.—It is said to be chiefly adapted to plethoric persons, disposed to cerebral congestion, and acts but feebly in those of soft flesh or debilitated constitution. Its power over all ailments resulting from injuries is wonderful.

*The Hunting Field.*—Hunting men are liable to falls that shake every bone in their bodies; the effects of these concussions, though no bones be broken, are generally painful: one or two drops of the 1x dil. in half a wineglass of water, repeated once or twice, works wonders in these cases. Next morning, in place of being stiff and miserable, the sportsman is ready for renewed engagements.

*The Labouring Classes.*—Among the labouring classes in agricultural districts, a life of heavy toil often causes a comparatively early old age, with supposed Rheumatic pains, which incapacitate them from further toil. These "*miserables*" are greatly benefited by *Arnica*, from 1st to 3rd dilution, in one- or two-drop doses, three times a day.

In fact, almost in every ailment traceable to falls, hard knocks or blows, or hard work, *Arn.* becomes an essential part of the treatment. In old-standing cases, the treatment should be commenced with a high dilution, and continued by a course of gradually lower dilutions in sequence.

*Fever.*—In those cases of Fever consequent on excessive bodily fatigue, *Arn.*, 1st to 3rd dil., may be given intercurrently with other medicines with great advantage; it promptly allays the aching and weary pains.

*Apoplexy.*—In some cases of active congestion of the head in old persons, threatening sanguineous Apoplexy, *Arnica* acts admirably.

*Heart.*—Hypertrophy of the heart, induced by over-exertion, in young men, is often cured by *Arn.*, even after allopathic physicians have pronounced the affection incurable.[1]

*Dysentery.*—Partly from its relations to Hæmorrhage, and partly from its influence on muscular fibre, *Arnica* finds a place in the treatment of Dysentery, and gives marked relief to the abdominal pains (*Hughes*).

External Uses of Arnica.—*Formula.*—A *lotion* may be made by mixing twenty drops of the strong tincture in about half a teacupful of water; if the skin be broken, the lotion should be somewhat weaker. The bruised parts may be bathed with this lotion, or it may be applied by linen cloths saturated with it, and covered with oil-silk, to prevent evaporation.

In *Bruises, Concussions*, etc., the consequent discoloration, stiffness, and swelling, may be almost or entirely prevented by the *prompt* use of *Arn.* A *black-eye* may thus be obviated. This action, however, depends very much on the *promptitude* with which it is applied after the injury.

In *cuts* and *lacerations*, if *Arn.* be used, the lotion should be only half as strong as for bruises, and if there is the slightest tendency to Erysipelas it should not be used at all. (See "Caution," further on.)

*Aching and soreness* of the feet from excessive walking may be promptly relieved by a warm foot-bath, in which a spoonful of the strong tincture is mixed. For the *muscular fatigue* of *any part*, the internal action of the remedy will be well seconded by the application of a lotion—one part of the strong tincture to about twenty of water.

After the extraction of teeth, the mouth may be rinsed with a little water containing a few drops of *Arnica tincture.*

Sore nipples are sometimes cured by the use of *Arnica*

[1] A *résumé* of the value of *Arnica* by Dr. Bayes is reprinted in the *H. World*, vol. iii., from which the above is in part extracted.

*lotion.* The nipple should be bathed after each nursing, taking care to gently wash the part before again suckling.

To *Corns, Chilblains, Chapped hands or lips,* and sometimes in *Rheumatism,* etc., *Arn.* is also an invaluable application.

In addition to the *tincture,* there are various useful forms in which *Arnica* is prepared:—*Arnica Cerate* and *Arnicated Balls,* for Chapped hands or lips, and for Chilblains; *Arnica Liniment* and *Opodeldoc,* for rubbing the parts in Sprains, Rheumatism, etc. (see *Rhus Toxicodendron*); and *Arnica Court-Plaster,* for cuts, *Arnicated Corn-Plaster,* for Corns, etc.

Caution.—*Arn.* is apt to produce, in some persons, a severe form of Erysipelas, when applied externally. In some instances, it produces Erysipelas by its mere exposure in the room in which susceptible individuals sleep. Indeed, in consequence of this tendency, we but rarely prescribe a lotion of the strong tincture; substituting for it *Ruta, Calend., Ham.,* or *Rhus.* It should always be used with caution, and in a sufficiently diluted form.

Antidote.—The *Erysipelas* produced by *Arn.* may be often cured by the application of a Camphor-lotion (forty drops of *Spirits-of-Camphor* in half a pint of water), and by the internal administration of the drug at the same time. A too strong *Camphor lotion* we have often known to produce unpleasant results. *Canth.* is sometimes used as an antidote.

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## 13.—Arsenicum Album—*White Arsenic—Arsenious Acid.*

Taken into the mouth, *Arsenious Acid* has no immediate decided taste, but it soon occasions an acrid sensation. It is prepared for use by solution and trituration.

Pathogenetic Effects.—Its injudicious or prolonged use occasions a general sinking of the vital powers, with derangement of the digestive and nervous systems, a small, quick,

often irregular pulse, sleeplessness, and œdema of the face and extremities. Hence in appropriate doses, it is admirably adapted to feeble and impoverished persons, and to a great number of their maladies. Mr. Hunt states the effects of *medicinal* doses to be—1, irritation of the conjunctiva;[1] 2, swelling of the face; 3, desquamation of the skin, only observable under a magnifying glass; 4, portions of the skin, protected from light, assume a dirty-brown appearance. Sir Thomas Watson mentions a peculiar silvery whiteness of the tongue as one of the symptoms. The deleterious properties of *Arsenious Acid* are widely known, and the foul deeds which have been committed with it have excited prejudices against its employment as a therapeutic agent. Poisonous doses produce violent *vomiting*, *Diarrhœa*, burning *pain* in the stomach, *thirst*, *constricted state of the mouth and throat*, *flushed*, *swollen*, *anxious countenance*, *quick pulse*, *extreme debility*, and, usually, convulsions before death.

Leading Uses.—Affections of persons *debilitated* by excesses, innutritious diet, endemic diseases of *low and marshy districts*, abuse of Quinine, etc. It is especially indicated by great, rapid depression of the vital energies, *prostration and emaciation*, irritability of the intestinal track, and a pale, sunken, or bloated countenance, with a hippocratic expression. *Asiatic Cholera*, with cold breath, paralysis of the bladder, etc. General *dropsical swellings*, including the swollen feet of aged and feeble persons; many chronic skin-affections, especially Eczema and Psoriasis, and *malignant diseases*.

In *Cancer* it gives wonderful relief, improves the general health, and often checks the rapid development of the disease. The pains are of a *burning* character, *worse at night*.

[1] Dr. Ringer says he has not found it necessary to produce smarting of the eyes and swelling of the lids, in order to obtain those good results of the remedy in cutaneous diseases, which Mr. Hunt says should be kept up throughout the treatment.

*Intermittent Fever*, the three stages not being well-marked, occurring irregularly, or when one of the stages has predominated or been absent. It ranks next to *Quina* in its power over Intermittent fever. *Fevers* of a *low type*—Putrid, Enteric, etc., with rapid prostration, dry, burning skin, or cold, clammy perspiration; intense thirst; red, irritated tongue; extreme weakness and trembling; rapid, wiry, feeble, intermittent pulse.

Nervous System.—*Intermittent Neuralgia*, with burning-pains (some patients compare the pains to a red-hot wire along the nerve): the symptoms are generally worse at night, with mental effort, are not relieved by cold water, and are accompanied by great restlessness and anguish. Persons who have become weakened through long-continued anxiety, overwork, impoverished dietary, etc., are those in whom the *Arsenic*-Neuralgia is most liable to occur. Depression of spirits; hypochondriac dejection; great weariness and restlessness. Periodic headache; great weight in the head, and stupefaction; *Chorea*.

Eyes.—Ophthalmia, with burning-pains and soreness, dread of light, and swelling of the lids.

Circulatory System.—Angina Pectoris; some organic affections of the heart; Hydrothorax; small, accelerated, and feeble pulse.

Respiratory System.—Swelling, dryness, stoppage, or burning of the nose, with profuse acrid discharge; *Influenza;* suffocative paroxysms, especially after lying down at night; chronic *Bronchitis*, with oppressive, anxious, and laboured breathing, and great debility; difficult expectoration, the mucus being sometimes streaked with blood; dropsy of the chest; shortness of breath, especially on ascending a hill, with constitutional debility; inability to lie down, except partially propped up in bed.

Digestive System.—Dryness and bitter taste in the mouth;

disagreeable odour from the mouth; Aphthæ; ulcerated, coated, cracked, red, and tremulous tongue; dryness and burning in the throat; throat affections of a serous or gangrenous character. Chronic nausea and vomiting, with heat and burning in the stomach and epigastrium, from ulceration; indigestion, water-brash, and vomiting after food; vomiting of drunkards, which usually occurs in the morning, and is generally accompanied with much distress; sensation of weight and anguish, with cold and chilly feeling; great tenderness or violent colic; Cancer of the stomach; chronic affections of the liver; diarrhœtic stools, with frequent fœtid discharges; tenesmus, and burning at the anus; Diarrhœa from too rapid peristaltic action, hurrying the contents of the canal too much for proper absorption. As, however, the Diarrhœa caused by *Ars.* chiefly depends upon "intestinal *inflammation*, this remedy is not called for in merely functional diarrhœa, even if severe. In the various forms of chronic Diarrhœa where there is general inflammation, ulceration, or some other kind of disorganization, *Ars.* is a glorious remedy" (*Hughes*). *Arsenic* has a special affinity for the mucous membrane of the intestinal canal, and its effects are nearly as great when introduced by injection, or through a wound, as when swallowed.

Generative System (*Female*).—Premature, profuse, and too long-lasting menstruation; acrid, excoriating Leucarrhœa. Its value seems to be due to its discongestive action upon mucous membranes, and was accidentally discovered in several cases in which it was prescribed for various eruptions complained of, and its curing at the same time excessive menstruation and Leucorrhœa, which the patients had not previously mentioned. Its homœopathicity is further proved by the well-known poisonous action of this mineral in producing inflammation of the sexual organs.

Skin.—Earthy, bluish, cadaverous colour; *burning itching*

not removed by scratching; *Malignant Variola;* red pimples, which break and form spreading ulcers; pustules, obstinate Ulcers, and cancerous affections; fœtid secretions and tendency to run into mortification; *Psoriasis, chronic Impetigo, Prurigo, Urticaria* and *Eczema.* In Psoriasis, Dr. Ringer states the first influence of the drug is to make the eruption redder and more inflamed. This fact, if not known, would lead to the suspension of the medicine just when it commenced to do good; at the same time, it is unnecessary to give it in doses sufficiently large to do this.

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## 14.—Aurum Metallicum—*Metallic Gold.*

This metal is found extensively in South America, California, and New Holland. The Greeks are supposed by some, the Arabs by others, to have been the first to use it medicinally. By British physicians it was formerly thought that gold had no curative properties, on the ground that it was not soluble in the gastric fluid; but by the process of *trituration,* as first adopted by Hahnemann, gold can be made perfectly soluble. Of late years the opinion of allopaths has been considerably modified as to the inertia of gold.

Leading Uses.—Syphilitic and mercurial cachexiæ; *Caries* and *Exostosis* of bone; Melancholia. The action of *Aurum* in the male sex resembles that of *Platina* in the female, but its use is not limited to either sex.

Nervous System.—*Hypochondria,* with suicidal tendency, and rush of blood to the head; Religious Mania; tremulous agitation and oppressive anxiety. Our provings of gold show that it causes melancholy and great depression of spirits, with congestion of the head and liver.

Nose, etc.—*Caries* of the nasal and palatine bones; her-

petic pustules, with thick scabs round the nostrils and on the upper lip; purulent discharge from the nose with fœtid odour; *Ozæna.* Dr. Bayes, who lived many years in Cambridgeshire, where Ozæna is rather common, reports that he has cured more cases with gold, from the 1st to the 12th dilution, than with any other remedy.

Circulatory System.—Palpitation of the heart; faintness, with a blue *or yellow tinge* of the face.

Sexual.—Chronic *Orchitis,* with aching pain; syphilitic Sarcocele; sexual excitement; nocturnal erections and emissions.

Osseous System.—Inflammation and ulceration of bone severe mercurial or syphilitic pains in the cranial bones; *nocturnal bone pains.* We have often found the latter wonderfully relieved soon after commencing a course of this remedy. We have also found Exostosis strikingly under the control of *Aurum.*

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## 15.—Baptisia Tinctoria—*Wild Indigo.*

Baptisia, a medicine of great value, is one of the "New American Remedies," and fills a previously-existing gap in our Materia Medica.

Leading Uses.—The ordinary endemic fever of this country—Enteric or Gastric. Since the first editions of this Manual were published our experience of its value in this fever has been somewhat considerable; we have met with many instances in which the usual duration of Enteric fever has been much abridged, the symptoms greatly modified, and in several cases the fever has been altogether arrested at the outset. According to Dr. Madden, the "Colonial fever" observed by him in Melbourne is shortened by it in a remarkable manner. It is also useful in some forms of Dyspepsia.

Fever Group.—*Gastric or Enteric fever.*—*Bry., Rhus,* etc., more or less used in Enteric and other Typhoid conditions, are now superseded by *Baptisia,* which antidotes the toxæmic state, at least in the *early stage.* In advanced Enteric cases, and when disorganizing changes have set in, *Ars.* is a better remedy. But if given early, the nausea and pains are quickly relieved, and the patient often makes a rapid recovery. It is probably of no value in fevers not toxæmic; but in Scarlet fever, and other diseases with *typhoid* symptoms, *Bapt.* should be administered as soon as the danger is threatened. Its power in these diseases resembles that which *Acon.* exerts in simple fever. We have repeatedly proved its value in fevers apparently simple, but which failed to yield to *Acon.* It should be given in a low dilution—the 1x, or even the strong tincture.

Digestive System.—It is also recommended for chronic Dyspepsia with *great sinking at the epigastrium,* and a dry brown tongue in the morning. In Dysentery, especially in aged persons, with dark evacuations, or mucus and blood, colicky pains before stool, typhoid tendency, brown tongue, etc., it has been used successfully in almost hopeless cases.

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## 16.—Baryta Carbonica—*Carbonate of Baryta.*

Leading Uses.—*Quinsy*—if administered early, the disease may be then checked; *chronic enlargement of the tonsils;* relaxed and easily-inflamed throat, with hoarseness; facial paralysis; paralytic and other affections of old persons, especially men (for aged women *Coni.* is generally more suitable); Wens, and Steatoma; depression of the sexual functions—Nocturnal Emissions, and Impotence.

*Baryta Muriatica* is used for *scrofulous affections*—enlargement of the glands, eruptions, etc.

## 17.—Belladonna—*Deadly Nightshade.*

This is an indigenous plant, of common growth throughout Europe and most temperate latitudes, flourishing upon a dry soil and on the slopes of hills. The leaves of the wild plant are considered more valuable than those of the cultivated.

It has been employed by Italian and Spanish women as a cosmetic for the face, to dilate the pupils, and give expression to the eye—hence the name, which signifies "beautiful lady." It is scarcely necessary to add that its use in this fashion is injurious to the eye, such fancied and evanescent charms being dearly purchased.

For medicinal purposes, the stems, leaves, and flowers are used, from which a tincture is prepared.

Poisonous Effects.—The following are the symptoms produced by a poisonous dose:—Dryness and heat of the mouth and fauces, attended with thirst; difficulty of swallowing and articulation; constrictive spasms of the throat; nausea, sometimes vomiting, and at times swelling and redness of the face; dilatation of the pupils; obscurity of vision, or absolute blindness; optical illusions; suffused eyes; singing noises in the ears; numbness of the face; confusion of the head; giddiness; delirium, simulating intoxication, which may be combined with, or followed by, profound sleep; scarlet cutaneous eruption; and if the dose have been very large, complete coma, and death.

Leading Uses.—*Delirium*, or perverted brain-function, from active congestion; congestive headache, with scarlet flushings of the face; Infantile *Convulsions*, etc. *Scarlet-fever*, of the *red, smooth, shining* variety (*Bell.* is of little or no use in the other forms of the so-called Scarlet-fever, in which the eruption is not smooth or bright-red). As a *prophylactic* against simple Scarlet-fever, its application is a striking illustration of the principle of *similia*, and was first announced

by Hahnemann, and afterwards confirmed by Hufeland, and since has been largely established by facts. Our own experience, both in private families and schools, amply illustrates the value of this appropriation of *Bell.* *Erysipelas* with bright-red flush and great heat, especially if there be head-symptoms, dilated pupils, etc. (Vesicular Erysipelas with dull eruption indicates *Rhus;* and excessive swelling, *Apis.*) *Bell.* is chiefly valuable in inflammatory affections of a violent character, in which the capillaries are almost ruptured by the force of the blood. It has a special and powerful action upon the brain and its membranes; the mucous lining of the throat is also remarkably sensitive to its action. Its chief characteristics are—stinging or burning pains, aggravated by movement; swelling and shining redness of the affected parts.

It is especially adapted to persons whose brains are in a state of great functional activity, to persons of amiable dispositions, inclined to become fat, with light hair, blue eyes, and delicate, easily-inflamed skin. Women and children, therefore, are specially amenable to its action.

Difference between Belladonna and Aconitum.—*Bell.* resembles the action of *Acon.* in some points, but differs from it in the following:—(1) It produces much more intense congestion; the inflammations occasioned by it attain a higher form and are marked by symptoms of a much more dangerous character—Delirium, Convulsions, etc. (2) *Acon.* is adapted to simple fevers, or to the feverish reaction of the arterial system *generally; Bell.* to fevers with symptoms indicating active congestion or disturbance of the functions of the *brain.* *Bell.* has also a special affinity for inflammatory affections of delicate organs or tissues—the eye, the ear, the testicle, etc.—and to individuals of a highly refined organism.

Nervous System.—Giddiness; violent *aching in the forehead*

*and temples*, aggravated by stooping and movement; *pulsative headache* from cerebral engorgement, with heat and redness of the face, and tendency to perversion of the brain-function (*Gastric* headache is better met by *Iris* or *Nux V.*); Acute Inflammation of the brain; nightly delirium, or paroxysmal insanity; *Acute Hydrocephalus; Epilepsy*, with active cerebral symptoms, and deep-red colour of the face during the fit; *Chorea; Squinting* (recent); *Infantile Convulsions* of true cerebral origin; intermittent *Neuralgia*, recurring in the afternoon, with scarlet redness of the face.

Sleep.—Sleeplessness, restlessness, or drowsiness; frequent waking; startings in sleep or when on the point of falling asleep, with cerebral excitement; screaming, moaning, or terrifying dreams; sleeping with the eyes open or partially open.

Eyes.—*Dilated pupils;* Photophobia; inflammatory redness and burning pain in the eyes; catarrhal and acute strumous Ophthalmia; complete or partial Amaurosis; perverted or double vision; *Muscæ Volitantes.* Neuritis optica (diagnosed with the ophthalmoscope).

Ears.—Tingling and roaring noise; catarrhal deafness, with sore throat; Deafness following Scarlatina or Typhus; lacerating pains in the ears; Otalgia; swelling of the glands near the ears.

Respiratory System.—*Violent*, dry *cough, worse at night*, cough from tickling in the throat, with headache and redness of the face; pain in the larynx when coughing; spasmodic Hooping-cough; *Hoarseness.*

Digestive System.—Furred tongue, with red, elongated papillæ appearing through the fur; inflammation of the mouth and tongue; *Toothache*, with *red, hot* face, *throbbing pains* in hollow teeth, extending to the temples, aggravated by eating and by hot drinks; redness and tenderness of the gums; catarrhal *Sore Throat*, with sense of rawness, swelling

and difficulty of swallowing (if the swelling be very great, *Apis* should be alternated with *Bell.*); bright-red appearance of the tonsils and uvula, with flushed face and headache; *Quinsy* (with salivation and fœtid breath, *Merc.*); spasmodic constriction of the throat; diarrhœtic evacuations with straining, especially in children, with redness in the face before and during each motion; acute spasmodic pains in the rectum.

Genito-Urinary System.—Involuntary passage of urine, from Paralysis of the neck of the bladder; Nocturnal Enuresis, in delicate, sensitive children; *irritability* of the kidneys and bladder (true *Inflammation* requires *Canth.*, etc.); chronic Menorrhagia, with colicky pains (in alternation with *Platina*); Toothache, Spasms, and Colic of pregnant women; Prolapsus uteri; Childbed-fever, with congestion of the brain.

Skin.—*Scarlet redness*, with heat and dryness; diffused redness and burning swelling of the affected parts; *non-vesicular Erysipelas; Boils* and *Carbuncles*. See also next paragraph.

External Uses of Bell.—*Pleurodynia, Lumbago*, and *Neuralgia* are, according to Ringer, much benefited and often cured by *Belladonna plaster*. Painful spots remaining after an attack of Lumbago, and excited by certain movements, are also much relieved by the application of the plaster. According to the same authority, *Boils, Carbuncles*, and threatened *Abscess of the breast*, are well met by local application of *Bell.* liniment or ointment. Inflammation of parts, threatening to end in Abscesses, have been thus arrested; or commencing suppuration limited, and the pain subdued, by the local use of *Bell.* The liniment, the extract, or the ointment may be used, or instead, a drachm of the officinal tincture to an ounce of olive-oil.

## 18.—Bryonia Alba—*White Bryony.*

There are many varieties of Bryony, but the one proved by Hahnemann is the *Bryonia alba*, indigenous in the north of Europe, Germany, and some parts of France. A deep yellow and very bitter tincture is made from the *root*. *Bryonia dioica—Black Bryony*, common in the hedges and thickets of this country, is chiefly used as an external application in *bruises*. Professed pugilists employ it in the form of a poultice, and it is said to remove all discoloration in from one to two days.

Leading Uses.—*Rheumatism*, acute and chronic, worse on movement, and when affecting the joints and muscles; in *Rheumatic Fever* it is second only to *Acon.*; *Lumbago*, with acute bruised sensations in the loins, and pains increased by movement; stiff-neck; complaints in which the serous membranes are involved—*Pleurisy*, Peritonitis, etc.; Bronchitis, affecting the large tubes only; Pneumonia; Bilious-remittent, and Relapsing fevers, chilliness being a marked symptom; *Dyspepsia*; some affections of the liver; etc.

Head.—*Congestive and Rheumatic headache*, and headache increased by movement; giddiness, sense of weight, fulness, and a feeling as if the brain would press through the forehead on stooping. Unlike the *Aconite* headache, it has generally a gastric or rheumatic origin, and the ideas are not disturbed as when *Bell.* is indicated. Bleeding of the nose following headache is a further indication for *Bry.*

Respiratory System.—*Pleuro-pneumonia* and *Pleurisy* (after, or in alternation with *Acon.*); Acute Bronchitis, when the disease is not diffused (we have better remedies for capillary Bronchitis); common "Cold on the chest," consequent on a similar catarrhal affection; dry cough, with constant irritation, little expectoration, stitching or catching pains in the chest, sometimes so severe as to induce retching.

Digestive System.—*Water-brash*, Heartburn, *acid eructations* (chronic *Robinia*), bitter taste, sense of weight or pressure at the pit of the stomach, as if a stone were lying there; bilious vomiting; *Constipation*, from torpor of the bowels, with congestive headache, the fæces being large, and their passage causing pain; *chronic* Constipation, with similar symptoms; congestion of the *liver*, with pain in the right shoulder, dull pain in the right side, and slight jaundiced appearance (*Inflammation* of the liver requires *Merc.*).

Genito-Urinary System.—Red, scanty, and hot urine; premature and profuse menstruation; Milk-fever, and threatened inflammation and Abscess of the breast from cold, in nursing women, when the breasts are knotty, swollen, and sore: these symptoms may also arise from weaning.

Skin.—*Suppressed eruptions* are often redeveloped by a few doses of *Bry.*

Special Characteristics.—*Bry.* is well adapted to persons of firm fibre, dark complexion, bilious and irritable temperament; also to affections brought on by exposure to cold, dry weather, and piercing wind; and when the symptoms are *intensified by movement.*

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## 19.—Cactus Grandiflorus—*Midnight-blooming Cereus.*

This cactus is indigenous to Mexico and the West Indies, and is not found, except in conservatories, in temperate latitudes, where, of course, it is not so vigorous, nor so suitable as in its natural climate for medicinal purposes.

Leading Uses.—*Affections of the heart and large blood-vessels*, in which congestion is dissipated and irritation removed by the drug; Palpitation from nervous or organic disease; heart-complication in Rheumatic fever, with excessive impulse of the heart's action, and intermitting pulse; sense of con-

striction in the region of the heart, as if the organ "were grasped and compressed by an iron hand."

*Headache*, with pressure or weight on the top of the head, especially in women with too frequent and copious menstruation; faintness and Palpitation; acute Congestion of the head, with profuse Epistaxis.

In some respects it acts similarly to *Acon.;* but in affections of the heart its action is unique. It is also said to have cured Chronic Bronchitis, Pleurisy, Pneumonia, Hæmatemesis, etc.

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## 20.—Calcarea Carbonica—*Carbonate of Lime.*

*Calcarea Carbonica* is found abundantly in the form of chalk, marble, egg-shells, oyster-shells, etc. For homœopathic purposes we employ *oyster-shells*, selecting the calcareous matter existing between the external and internal shells, from which we make triturations.

Leading Uses.—The sphere of this remedy is very wide, including *Scrofulous, Tuberculous, Rachetic,* and other affections depending upon defective assimilation and nutrition, with debility, loss of flesh, etc.; difficult teething; soft condition of the bones (Rickets), on account of which the child is late in walking. Scrofulous Consumption, with tight cough, oppression, expectoration of yellow or green fœtid *pus*, Hæmoptysis, Hectic-fever, Night-sweats, etc. "It may be laid down that *Calcarea* is best adapted to the disorders of women and children, and to persons of leuco-phlegmatic temperament, with tendency to obesity" (*Hughes*). The flesh is pale, soft, and flabby.

Head.—Chronic nervous headache, with eructations, and sense of *coldness in the head;* dull headache, worse in the morning, as from brain-fag.

Eyes, Ears, Throat, etc.—Ophthalmia and Conjunctivitis, especially chronic, and in scrofulous patients; Otorrhœa and chronic Otitis; chronic yellow or greenish purulent discharge from the nose (*Ozæna*); chronic Sore Throat, with dryness, and swollen tonsils; glandular enlargements. In these local affections, *Calc.* probably acts chiefly by improving the constitutional condition: it is not adapted to acute manifestations of the dyscrasia. Its external use, in the form of diluted lime-water, is sometimes very serviceable in connection with the internal use of the drug.

Digestive System.—Anorexia; *chronic acid eructations*, with burning sensation in the stomach; chronic Diarrhœa, with slimy, foul-smelling stools; Diarrhœa of children during dentition, offensive motions, part being light and part dark-coloured; colliquative Diarrhœa of Consumption; chronic Constipation with swelling of the bowels: mesenteric disease in scrofulous children.

Generative System (*Female*).—*Premature and profuse catamenia;* itching and burning Leucorrhœa; Chlorosis in scrofulous girls.

Skin.—Chronic Urticaria, Porrigo Capitis and other chronic Eruptions. Warts and Polypi, results of disordered nutrition and growth, are curable by *Calc.*

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## 21.—Calcarea Phosphorata—*Phosphate of Lime.*

This salt is one of the most important mineral substances in the animal body, giving firmness and strength to the bony skeleton. Besides solidifying the osseous system, it furnishes nutrition for the soft tissues of the body, and its action in derangements of assimilation resembles that of *Calcarea Carbonica.*

Leading Uses.—Phosphate of lime is specially valuable in diseases of the osseous system—Rickets, Curvature of the Spine, Spina Bifida, Hip-joint Disease, Psoas Abscess, Scrofulous Ulcers, chronic enlargements of the tonsils, etc. By some, its good effects in Rachitis are supposed to be owing to its supplying a deficiency of this salt in the bones; by others, to its anti-psoric properties.

According to Ringer, this salt will be found of very great use in the Anæmia of young, rapidly-growing persons, and women weakened by rapid child-bearing, prolonged suckling, or excessive menstruation.

In checking *Chronic Tubercular* and non-tubercular *Diarrhœa*, and other profuse discharges, as in Leucorrhœa, chronic Bronchitis, and large Abscesses, it is a valuable remedy, in these states effecting both general and local improvement. Beneké greatly praises its influence on scrofulous sores. It is also useful in caries of the bones.

Women, who live in towns, are apt to have a deficiency of this salt. They are improved by its administration; an increased quantity finds its way into the milk of a suckling mother, and thus both she and her child are simultaneously benefited.

Both men and women, whose health have been broken by a town residence, or by overwork, and who, from other causes, are languid and incapable of doing much work, and whose spirits are depressed, may be very much benefited by this medicine.—*See Ringer's Handbook of Therapeutics.*

Many other valuable therapeutic uses might be mentioned, and those who have extensively used this salt are most enthusiastic in its praise.

## 22.—Calendula Officinalis—*Marigold.*

The marigold is a native of France, but is now found in cultivated grounds in nearly all parts of Europe. The leaves and flowers are the parts used in medicine.

Leading Uses.—This remedy is used as an external application, and exerts a most favourable influence in promoting the union of wounds with the least resulting scars, and with

the smallest amount of suppuration. For *Cuts*, or injuries in which *the flesh is much torn*, and which do not heal without the formation of matter, Wounds penetrating the joints, etc., it is much preferable to *Arnica* in constitutions having a tendency to Erysipelas. It controls hæmorrhage (but to a less extent than *Hamamelis*), and relieves the severest pains attending various accidents. In the late civil war, it was largely and beneficially used by our American colleagues in the treatment of injuries. It is invaluable in *Ulcers* of the lower extremities—bad legs, as they are called—such as often occur in broken-down constitutions, in the decline of life. Mr. Nankivell informs us that *Calendula* lotion—20 drops to a teacupful of water—is very useful in many chronic affections of the eyelids: he has never known it to have any repellent or inconvenient effect.

Formula.—For a *Lotion*, add a teaspoonful of the pure tincture to half or three-quarters of a teacupful of water. When hæmorrhage is considerable, the lotion should be much stronger.

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## 23.—Camphora—*Camphor.*

The Laurus Camphora, from which *Camphor* is obtained in great abundance, is a large, handsome evergreen tree, very common in China, Japan, and other parts of Eastern Asia, where it grows to the size of our tall oak. Through all parts of it—trunk, root, and branches—Camphor is diffused, and is obtained by sublimation. The odour, appearance, and volatility of Camphor are well known.

Pathogenetic Effects.—"In doses of gr. ij-v-x, Camphor acts as a stimulant; it increases the action of the heart and arteries, exhilarates the spirits, excites warmth of body and Diaphoresis; the pulse is rendered softer and fuller. These effects are transitory, and are followed by depression. In

somewhat larger doses, it allays spasm and pain, and induces sleep. In poisonous doses, it produces Vomiting, Vertigo, Delirium, and Convulsions. It acts chiefly on the nervous system; and, like Sulphur, it transudes through the skin, and is exhaled by the lungs. . . . It exercises a powerful influence on the genito-urinary system; occasionally it causes Strangury, yet by some it has been advised to relieve the Strangury produced by Cantharides" (*Waring*).

Leading Uses.—*Asiatic Cholera; Choleraic Diarrhœa;* sudden and extreme prostration of the nervous system, with severe chills, chattering of the teeth, pallor of the countenance, sense of internal heat, cold sweats, cramps, purging, etc. Lassitude, depression, and frequent yawnings; the *primary chill* of Catarrh or Influenza, in which stage only it prevents further development of disease. *Fainting-fits* from trifling causes, and *Hysteric attacks;* in these cases, *Camphor* may be administered by olfaction.

Head.—Cerebral congestion and irritation, amounting even to delirium: giddiness, wakefulness, and nervous irritability. *Sun-stroke* (the remedy being administered by olfaction); head-symptoms from the retrocession of an acute eruption, as in Measles, etc.

Cholera.—A saturated solution, containing equal parts by weight of *Camphor* and of spirits of wine, recommended and successfully used by Dr. Rubini in several hundred cases of Cholera, has excited much attention, and was widely used during the outbreak of Cholera in 1866. Dr. Rubini directs that four drops of the saturated tincture of *Camphor* be given *on sugar* (not in water), every five minutes, to patients seized with Cholera, or in very severe cases five to twenty drops; and he states that, ordinarily, in two, three, or four hours, reaction will set in. His statements and successes have been abundantly confirmed in this country.

[1] See *H. World*, v. i.

URINARY AND GENITAL SYSTEMS.—*Sudden Strangury*, with burning and great pain; in infants thus suffering, the remedy may be administered by olfaction for a few seconds, every ten minutes. It is also sometimes useful in sexual weakness and Impotence, especially when associated with Strangury or vesical irritability. *Camphor* removes the urinary difficulties consequent on the uses of *Cantharides* (blistering-fly).

ANTIDOTE.—As *an antidote* to the excess of medicinal action of small doses of a drug, *Camphor* is very useful: a few doses frequently repeated will be sufficient. The Erysipelas produced by *Arnica* is often readily cured by *Camphor lotion* (see "Arnica").

The *evanescent action* of *Camphor* requires that it be given in oft-repeated doses; it is only adapted to sudden diseases.

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## 24.—Cannabis Sativa—*Hemp.*

LEADING USES.—Affections of the *genito-urinary* organs.

In large doses, *Hemp* causes a difficulty of urinating; paralytic weakness of the bladder; symptoms of stricture; burning and stinging before and after urination; discharge of mucus and pus; Chordee; etc. Hence it is homœopathic to the symptoms of *Gonorrhœa*, and has proved a most successful remedy, in the hands of homœopathic practitioners, for that disease. In Miscarriage, Menorrhagia, and consequent conditions, it is sometimes useful; as also in some eye-affections—opacity of, and specks on, the cornea, etc. The effects of *alcoholic intoxication* have also been remedied by this drug.

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## 25.—Cantharis Vesicatoria—*Blistering Fly—Spanish-Fly.*

We extract the medicinal properties of the Spanish fly by pulverization and percolation of the entire insect. The "fly blister," so well known in allopathic practice, is repudiated by homœopathic practitioners.

Leading Uses.—Inflammatory affections of the urinary organs; cutaneous diseases, with burning and vesication, and as an external application in Burns and Scalds.

Urinary Organs.—*Acute inflammatory affections*—simple Nephritis, Cystitis, Urethritis, Chordee, etc. Pain in the loins; scanty, high-coloured, bloody, sometimes albuminous urine; but the influence of the remedy is greater over bloody than albuminous urine. Burning and scalding pain on passing water; tenderness at the lower part of the abdomen; *Strangury,* incontinence of urine, both in the aged and in children. *Hæmaturia* and *Suppression* of urine from acute congestion. The sexual organs are probably chiefly affected through continuity of surfaces. It is sometimes useful in Dropsy following Scarlatina, and in Bright's disease. In hysteric patients, with throat-affection, and partially suppressed urine, followed, in a few hours, by profuse discharge of pale urine, it acts well.

Skin.—*Burns and Scalds* with small or large *blisters; Vesicular* Erysipelas; carbunculous and gangrenous sores; Shingles (*Herpes Zoster*); Eczema, with much *burning.* In these affections it is well to apply a graduated *Cantharis lotion,* besides taking the remedy internally. Burning in the soles of the feet at night in hysteric patients, with profuse and pale urine.

External Use.—*Formula.*—Ten or twelve drops of the strong tincture to a small teacupful of water. If applied promptly to a burn or scald, it will often prevent blistering.

*Cantharadine Pomade* is recommended for *recent baldness* and falling off of the hair after fevers and other exhausting diseases (see also *Ac.-Phos.*).

ANTIDOTE.—*Camphor lotion*, as directed for *Arnica*, will correct any unpleasant symptoms arising from the external use of *Cantharis* (five drops of *Camphor tincture* to one ounce of water). The same remedy may also be prescribed internally for unpleasant symptoms due to *Cantharis*.

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## 26.—Carbo Vegetabilis—*Vegetable Charcoal.*

Vegetable charcoal is obtained by burning wood in covered-up heaps or in close vessels, with but a limited access of air. From pulverized charcoal we make triturations, by which the latent medicinal properties of the crude substance are developed, rendering it a therapeutic agent of great value.

LEADING USES.—*Chronic digestive derangements*, with *flatulence* and *foulness of the secretions;* diseases marked by *loss of vitality* and *imperfect oxydisation of the blood*, as in the cold stage of Intermittent fever, when the hands and feet are blue and cold; in Enteric, Typhus, etc., with similar symptoms, and dry, foul tongue, frequent offensive Diarrhœa, and *extreme exhaustion; cold extremities*, arising from deficient vitality in the circulation, and associated with general Adynamia.

RESPIRATORY SYSTEM.—*Chronic* catarrhal *Hoarseness; chronic Bronchitis* in the feeble, with scarcely sufficient strength to eject the mucus, which is profuse, and often foul-smelling; threatened Gangrene of the lungs.

DIGESTIVE SYSTEM.—Easily-bleeding gums; salivation; offensive *breath; flatulence* distending the stomach, causing oppression, palpitation, etc.; *Heartburn and acidity*, with flatulence, and Constipation, or Diarrhœa. It is especially valuable

in the strumous, and when *Mercury* has been abused. *Diarrhœa* with offensive motions, especially in scrofulous children; chronic Diarrhœa in the cachectic, with sallow face, acidity, flatulence, etc.

Skin.—*Foul Ulcers* (int. and ext. use); chronic eruptions, with itching and burning, easily bleeding; inveterate Herpes; obstinate sores following burns, with foul, ichorous discharges. *Carbon* should be sprinkled on in very fine powder.

In *poisoning by Arsenic*, charcoal has been found useful; it should be administered in milk or water, and taken in large quantities as quickly as possible.

Crude Charcoal.—In addition to *triturations*, we use finely-powdered charcoal freely, to promote digestion by its favourable mechanical action on the mucous membrane, and for its deodorizing and gas-absorbing properties. It is very valuable in chronic diseases, not as a direct medicinal agent, but to assist digestion. Charcoal acts upon the living, much as it does upon dead, matter, and is invaluable in many cases to alter existing conditions. Thus in ascarides, *Carbon* would not destroy the worms, but it would correct the secretions, and as they could only exist upon vitiated secretions, they would be banished from the citadel by having nothing to live upon.

In such cases, the homœopathic remedies should be first administered; but if only partial good results, a course of *Carbon* should be given, and as it is a non-poisonous substance when fresh, it may generally be adopted with impunity. A correspondent, J. Richardson, Esq., on whose statements we can place full reliance, informs us that he gives it largely to nursing women with feeble and unhealthy infants, and thus indirectly benefits, and in some instances saves the lives, of the offspring. When it has been exposed to the atmosphere, it may become deleterious from absorption of noxious gases and exhalations.

## 27.—Caulophyllum Thalictroides—*Blue Cohosh.*

Our experience with this remedy is now somewhat considerable, chiefly in *uterine affections* and in *Rheumatism.* We attach much importance to its use in connection with *Cimicifuga* during pregnancy as a *preparation for labour,* and we have the most unqualified testimony of numerous patients, both in our practice and correspondence, to the great benefit they have derived from their administration. As a *uterine excitant, Cauloph.* takes the place of *Ergot.*—One to three grains of 1x trit. may be given every twenty minutes, and it brings on regular contractions without the violent jerking ones of *Ergot.* In *Suppression* of the menses, and particularly in *Menstrual Colic,* it is one of the best remedies. (See also *Verat.-Vir.*)

Some forms of *headache,* with dimness of sight and pressure behind the eye, if dependent upon uterine derangements, are readily cured by *Cauloph.*

It is most valuable for Rheumatism affecting the phalanges and metacarpal joints of the hand and foot, and, according to Dr. Ludlam, is more useful for these complaints when affecting females than males. We generally use *Caulophyllum* in trituration, the 1x to 3x attenuation.

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## 28.—Causticum—*Causticum.*

Leading Uses.—Loss of voice; relaxation of the neck of the bladder.

Nervous System.—Neuralgia, or tendinous and muscular pains, with urging to urinate, and discharge of pale urine; some cases of Facial Paralysis.

Respiratory System.—*Loss of voice* from cold or over-use

of the voice in speaking or singing; cough, associated with involuntary emissions of urine during the paroxysms.

Digestive System.—*Constipation*, with solid evacuations, expelled with difficulty, and having a shining, greasy appearance; itching of the anus, when not arising from ascarides.

Urinary System.—Pain and weight in the loins, with urinary difficulties; *Enuresis* of children and aged persons; excessive discharges of urine during convalescence from severe disease, with sour perspirations, dejection of spirits, etc.; frequent urging to urinate in hysteric patients.

Skin.—In *deep burns*, with formation of scabs, it is sometimes used locally with good results.

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## 29.—Chamomilla Matricaria—*Matricaria Chamomilla.*

This plant is indigenous to most parts of Europe, and flourishes in corn-fields, waste-grounds, and by the roadside, especially on chalky soils. We prepare a tincture from the plant, gathered when in bloom.

Leading Uses.—*Nervous affections* generally, of women and children; *nervous and biliary* derangements from anger or vexation; chronic Abscess. Nervousness, palpitation, etc., from the use of *coffee* or *narcotics*, are met by *Cham.* The pains are worse at night; and after they have somewhat subsided, a sense of numbness may remain in the part.

Nervous System.—Extreme sensitiveness to external impressions, without ideal confusion; Neuralgia with the same conditions; face-ache, with swelling; sleeplessness, flushes of heat, and palpitation, with bilious symptoms; Spasms and Convulsions of women and children; restlessness, fretfulness, or Convulsions, during dentition, with sour breath; Spasms and Convulsions during pregnancy

HEADS, EARS, FACE, ETC.—*Bilious Headache*, with stupefying oppressive pain, stitching and burning distress; nervous headache (on one side), with throbbing, flushes of heat, sensitiveness, and irritability of disposition; facial Neuralgia with irritable mood. *Ear-ache*, and cracks and soreness of the lips, in infants, from cold.

RESPIRATORY SYSTEM.—Spasmodic cough, with tightness in the chest; Catarrh of infants; Hoarseness and cough (nervous) in women and children.

DIGESTIVE SYSTEM.—*Toothache* from Indigestion, worse soon after eating, and by drinking warm fluids; Toothache with swelling, and pain as if the nerve were scraped. Tongue thickly coated with a yellowish-white fur, and red at the edges; sour breath of children, with pinching pains in the abdomen, greenish motions, and flushed cheek; *Diarrhœa*, and many other *affections during dentition;* Dyspepsia, with pressure at the stomach, sudden stitches, sallow complexion, and yellow tongue; aching pain and sourness in the stomach after food, with irritability and greenish motions; nausea or vomiting of bile; Colic, with extreme soreness of the bowels; affections of the liver from anger, etc.; Bilious attack, with heat in the face, thirst, anxiety, and restlessness.

GENERATIVE SYSTEM.—Profuse menstrual discharge—dark or blackish, and coagulated—with griping or labour-like pains, sickness, frequent urging to urinate, and nervous irritability; pains in the veins of the leg; cramps or painful twitches of the legs of pregnant women, with nervousness; false labour-pains; uterine disturbance from excitement.

SKIN.—*Rash in children*, alternating with Diarrhœa; eruptions generally in infants during dentition; simple Intertrigo; Ulcers, with burning pains, and great sensitiveness; Ulcers with biliousness, sallow complexion, etc.; in these cases *Cham.* may be used both internally and externally.

## 30.—China—Cinchona Officinalis—*Peruvian Bark.*

The Cinchona-tree, a native of Peru and the adjacent provinces of South America, is one of great beauty, with evergreen laurel-like leaves, which diffuse a delicious fragrance around. It is not found at an elevation of less than 2,500 feet above the sea, and sometimes extends as far up as from 9,000 to nearly 12,000 feet.

Triturations and solutions are usually made from the sulphate of the alkaloid Quina, and also tinctures from the bark.

Leading Uses.—*Debility from loss of animal fluids*—Hæmorrhage, Diarrhœa, Spermatorrhœa, profuse sweating, expectoration, suppuration, excessive lactation, etc. *Simple Intermittent Fever; simple Remittent Fever*, with prostration, and variable *Hectic Fever*, from Abscess or prolonged suppuration in any part; *periodically recurring Neuralgias*, and other affections marked by *periodicity;* sensitiveness of the nervous system to physical impressions; *Anasarca* when associated with Ague or disease of the spleen; *sweating*, in cases of extreme debility, especially after severe fevers, the patient waking up every morning with his linen soaked. Disturbing dreams, causing anxiety and starting, the anxiety or confusion remaining some time after waking. *Irritation of the spine*, and spinal pain, with imperfect circulation, shown by blueness of the nails, coldness of the extremities, with numbness, etc., are well met by *China*. Debility, however, is little benefited by *China* so long as its cause remains in operation.

Nervous System.—*Intermittent Neuralgia; Vertigo*, with dimness of sight, humming in the ears, and flushed face, succeeded by depression, yawning, etc.; tremblings, from debility caused by excessive mental labour.

Head, Ears, etc.—*Periodical* neuralgic and congestive head-ache and face-ache; head-ache, with sense of *constriction*

over the top of the head, and buzzing, singing, humming, or roaring noises; weight, fulness, and tension in the head, flushing of the face, etc. *Brow-ague* (malarial); nervous *Deafness* with noises in the ears.

Digestive System.—*Diarrhœa* (chronic), or Diarrhœa occurring early in the morning or after a meal, without pain; simple summer Diarrhœa with severe griping, or absence of pain; passage of undigested food; periodic (malarial) *Dysentery*, with cold extremities, feeble pulse, etc.; *sinking at the stomach*, relieved by eating, but soon recurring; sensation of emptiness with or without hunger; *Jaundice*, in feeble persons, with sallow, dirty-yellow complexion, stitches in the liver, slimy-bilious taste, and loss of appetite; drowsiness and oppression after eating, and qualmishness in the stomach; congestion and enlargement of the spleen; ascarides in scrofulous children liable to Diarrhœa, with large abdomens.

Urinary System.—Scanty and turbid urine, with whitish or brick-dust sediment; periodic paroxysms of *Hæmaturia*.

Generative System.—Nocturnal Emissions and Spermatorrhœa, with debility, depression of spirits, Indigestion. Menstruation continuing too long, or being *profuse*, the discharge consisting of *lumps of dark coagula*; *irregular* menses; irregularity of labour pains; debility from excessive menstruation, Leucorrhœa, or lactation.

Skin.—Unhealthy *Ulcers* in cachectic patients of a sallow appearance, with cold and dry or clammy skin; Dropsy; moist Gangrene.

Antidotes.—The ill effects resulting from the too free use of *Bark* or *Quinine* are best met by *Ars.*, *Ferr.*, *Verat.*, *Bell.*, or *Ipec.*, according to the accompanying symptoms.

## 31.—Cimicifuga Racemosa—Actæa Racemosa—

*Black Cohosh—Squaw-root.*

This plant grows abundantly in shady and rocky woods, on rich grounds, from Maine to Michigan, and in some other parts of America.

In common with most English homœopathic physicians, we have derived our knowledge of this drug chiefly from Dr. Hale's admirable work on the "New Remedies." We have used it largely for many years, and can abundantly confirm the greater part of Dr. Hale's recommendations.

Leading Uses.—The provings of this plant are somewhat full, and point to an extended range of action. Its special sphere of action is in *nervous*, *uterine*, *rheumatic*, and *muscular* affections. The *left* side of the body is chiefly involved. It will be found that those maladies which can be traced to, or are associated with, the uterine system, or Rheumatism, are most amenable to its action. Its action on the uterus is similar to that of *Ergot*, but its employment does not endanger the life of the child, or the soft structures of the mother, as the latter agent does.

Nervous System.—Restlessness; nervous tremors; apprehensive "nervousness;" nervous weakness and prostration; excitement, followed by irritation, and exhaustion. Facial Neuralgia; *pains in the left side, under the breast*, in the back and lumbar region. *Chorea*, from cold, Rheumatism, or connected with deranged menstruation. Depression of spirits, from over-nursing, or uterine disorder. Weariness, sense of confusion, and heaviness, and dulness from mental labour or want of sleep. *Spinal* irritation, from rheumatic or uterine causes.

Head.—*Rheumatic*, *nervous*, and *menstrual* headaches—severe *aching-pain in the eyeballs*, and over the eyes, increased by movement of the head or eyes; dull pain in the occipital

region, *from within outwards*, with shooting-pains down the back of the neck; fulness, heat, and throbbing in the head, and feeling on going up-stairs as if the top of the head would fly off; Neuralgia in the forehead and eyeballs. Throbbing, aching pain in the top and back of the head, from the shoulders down the spine, with strange, wild appearance, dilated pupils, Delirium, tremors, illusions of vision,—rats, mice, insects, etc.—dull aching in the eyeballs, sense of soreness in the eyes, black specks, Diplopia, roaring in the head, etc.; *Hysteria*, with similar pains, sensations, and illusions. *Cimicifuga* is well adapted to the "nervous sick-headaches," and headaches generally, of delicate, nervous, and hysteric females, especially if connected with menstruation, pregnancy, or the critical age; also to the headaches of hard students, and the cerebral confusion and distress of drunkards after alcoholic indulgence. In these conditions the absence of gastric disturbance is a further indication for this remedy.

Circulatory System.—Recent affections of the heart following, or due to Rheumatism, with *irregular pulse*, palpitation, pain, etc.; paroxysms of pain and distress—the heart's action seeming to cease suddenly, with a feeling as of impending suffocation—similar to those of Angina Pectoris, chiefly felt after lying down at night, especially from rheumatic or uterine irritation; pain or anxiety about the heart, down the left arm to the hand, with palpitation, numbness of the left arm, and exhaustion. Pain in the left side, or under the left breast (see "Nervous System").

Respiratory System.—The reputed virtues of this remedy in lung-disease are not sufficiently verified to warrant us in recommending it; but we have had ample experience of its uses in some secondary affections of the respiratory system. Nervous Cough, and dryness of the throat, or sense as of a dry spot in the larynx, inducing Cough in girls and women, from uterine disorder, pregnancy, Hysteria, etc.; spasmodic

action of the larynx in hysteric patients, with hoarseness, sense of fulness or choking. Pleurodynia, or *stitch-in-the-side*, worse on exertion, and when taking a full breath. Catarrhs of women and children, with acute pains in the limbs, aching in the eyeballs, watery Coryza, head-, face-, and tooth-ache, dry, tickling Cough, worse at night.

Digestive System.—The *vomiting* and *sinking at the stomach*, caused by *Cimicifuga*, are not gastric, but sympathetic of brain or uterine disturbance. Primary dyspeptic complaints are not within its sphere.

Urinary System.—Pale, profuse urine, from nervous depression, as in Hysteria, uterine ailments, pregnancy, etc.

Generative System (*Female*).—*Amenorrhœa*—from deficient nervous energy in the ovaries, and excess in other organs, manifested by Chorea, Hysteria, or headache; or from cold, with intense headache, pain in the eyeballs, back, and limbs; uterine cramps, etc. *Delayed menstruation*—with heavy headache, palpitation, and melancholy. *Dysmenorrhœa*—with severe headache before menstruation, and, during the discharge, aching in the limbs, pain in the back, ovarian region, hips, and thighs, with pressing-down, labour-like pains in the abdomen, tenderness in the hypogastrium, and depression, nervousness, etc., the discharge being dark and coagulated; after the menses, the patient feels weak, and has neuralgic pains, with lowness of spirits. *Menorrhagia—from atony of the uterus*—with dark, coagulated discharge. *Leucorrhœa*, also associated with uterine weakness. Neuralgic, rheumatic, and congestive affections of the uterus; the last may require the aid of *Bell.* or *Verat.-Vir.* *Abortion and miscarriage*, even when habitual, is sometimes under the control of *Cimicifuga*, if administered early in threatened abortion, or for some time before the usual period of miscarriage, when the general symptoms correspond. *Disorders of pregnancy*—nervousness, depression, sleeplessness, sickness with uterine disturbance,

cramps, and other neuralgic or muscular pains. *Sinking at the stomach,* occurring at the *critical age,* or in connection with other uterine troubles; chilliness, frontal headache, aching in the eyeballs and limbs, dejection. *Intermittent labour-pains,* and other difficulties attending labour; it acts best as a *preventive,* administered for several weeks or months before labour. *After-pains,* with nervous irritability, sleeplessness, and melancholy, especially when arising from exhaustion of the uterus, after prolonged or frequent labours; *Prolapsus uteri* from the same causes. *Suppressed lochia,* with uterine Spasms, Cramps in the limbs, headache, and even Delirium; *Puerperal Mania*—great despondency, etc., especially in rheumatic patients.

Organs of Locomotion.—*Stiff-neck, wry-neck, crick-in-the-back,* and *Lumbago,* of rheumatic origin; the Lumbago is worse when the patient is standing or sitting still, and in cold and stormy weather, but better when laid down; *stitches in the side;* Sciatica; articular Rheumatism of the lower extremities, with heat and swelling. Muscular cramps and pains from Rheumatism.

Skin.—Urticaria and other irritations of the skin, due to reflex uterine action.

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## 32.—Cina Anthelmintica—*Worm-seed.*

This plant is a hardy perennial shrub of Asia Minor. We make a tincture or trituration from the seed.

Leading Uses.—Intestinal worms, and worm-symptoms.

Nervous System.—Grinding of the teeth; starting, restless sleep; twitching of the eyelids; twitchings in various parts of the body; Convulsions; Epileptic Spasms.

Eyes, Nose, etc.—Dilated pupils, with dimness of sight;

some amaurotic conditions, with illusions of colour; *picking and itching of the nose.*

Circulatory System.—Pale face; semicircles under the eyes; frequent feverishness.

Respiratory System.—Hooping-cough associated with worms; spasmodic Cough, sometimes inducing vomiting.

Digestive System.—Voracious or variable appetite; pinching in the abdomen; itching of the anus; Diarrhœa; Emaciation; large abdomen; pain below the stomach, worse on first waking in the morning and before meals, and relieved by eating.

Urinary System.—Wetting the bed; white, thick urine.

Since *worms* in the intestinal canal usually give rise to one or more of the foregoing symptoms, it is clear that *Cina* is homœopathic to *helminthiasis* with similar symptoms: hence it is found curative in nearly all affections arising from, or coincident with, the existence of worms; it does not simply expel them, but corrects the condition on which the development of the parasites depends. *Whenever the above symptoms occur,* whether worms can be detected or not, *Cina* is indicated.

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## 33.—Cocculus Indicus—*Indian Berries.*

Although poisonous, this drug is used in considerable quantities for imparting an intoxicating property to malt liquors: by two writers "On Brewing" (Childe and Maurice), it is openly recommended. It is also used to poison fish and game. We make a brownish straw-coloured tincture from the seeds.

Leading Uses.—Disease of the nervous system involving the motor nerves rather than idealisation.

Nervous System.—*Hemiplegia,* with painful stiffness and creaking of the joints; *paralytic rigidity* of the lower ex-

tremities; Paralysis following Diphtheria; *confused* heavy sensation in the head, with *giddiness*, especially after eating or drinking.

Digestive System.—*Giddiness*, with hot, flushed face; *Sick-headache* (not gastric), like that occurring in sensitive persons from riding in a carriage, etc.; Spasms in the abdomen, of a nervous origin, especially after eating; *Sea-sickness.*

Generative System.—*Menstrual Colic*, with dull, indescribable headache, giddiness, and sickness; disordered digestion, flatulent colic during pregnancy or menstruation, with *nervous* symptoms; serous and purulent Leucorrhœa, with great soreness, and flatulent distention of the bowels.

Antidote.—*Camphor*, in a strong form, frequently administered, antidotes the effects of large medicinal doses.

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## 34.—Coffea Cruda—*Raw Coffee.*

We make a tincture from the berries of the *Coffee-shrub* indigenous to the elevated regions of Arabia Felix.

Leading Uses.—"*Excitation* of all the organic functions; increased *irritability of the organs of sense*—sight more acute, hearing more sensitive, taste finer, and sensorium more vivid; mobility of the muscles is increased, sexual desire is more excited, and even the nervous activity of the digestive and secretive organs is increased; hence a *morbid sensation* of excessive *hunger*, increased desire and facility of the alvine evacuations and of the emissions of urine" (see *Stapf*). In the sleeplessness, restlessness, and nervous disorders of children and females, it is a sovereign remedy, second only to *Chamomilla.*

Nervous System.—*Increased susceptibility to pain; sleeplessness*, either from simple nervous wakefulness, or from

agitation of mind or body, extreme anxiety, or mental labour; the *wakefulness of children and old people* is especially under its control. In the 3rd to 6th dilution, it is often so effectual in producing calm sleep, that we have sometimes been asked next day, "Was it an opiate you gave?"

HEAD.—*Headache* and *Hemicrania* commencing in the morning, with *excessive sensitiveness*, chilliness, nausea, and feeling as if a nail were driven into the parietal bone; *Neuralgia* of the right side of the head and face.

CIRCULATORY SYSTEM.—Nervous *Palpitation*, with irregular, intermittent pulse; oppression of the chest, as during an attack of Asthma.

DIGESTIVE SYSTEM.—*Toothache*, with great restlessness, flushed face, relieved by cold water, and sometimes recurring every night; Pyrosis.

URINARY AND GENERATIVE SYSTEM.—Difficulty in passing urine; Strangury. Extreme sensitiveness and pain during menstruation and labour; irregular, spasmodic labour-pains, with irritability; Hysteria, with alternate fits of liveliness and depression, flushes of heat, etc.

A spoonful or two of a strong decoction of *Coffee* will often immediately relieve *an acute Indigestion from over-eating*, especially when the stomach remains inactive, and the food causes a painful sense of distention or cramp.

*Coffee* is also useful as *an antidote* to over-doses of *Opium*, *Aconite*, *Belladonna*, and many other vegetable poisons: for this purpose it may be given in frequently-repeated doses of a strong infusion. Strong Coffee helps to keep awake persons poisoned with *Opium*.

As a *beverage*, *Coffee* should not be used more than once a day. In some, it occasions Palpitation of the heart, sleeplessness, mental excitement, and Indigestion, and by such should not be taken as a beverage at all.

## 35.—Colchicum Autumnale—*Meadow Saffron.*

Leading Uses.—*Gout* and *gouty affections*, characterised by paroxysms of acute tearing or lacerating pains, with irritated pulse; the rose-colour of the skin of the affected part becomes white on pressure; Nodosites; *inflammatory irritation* of the stomach, bowels, heart, or urinary organs of *gouty persons;* Asthma, Palpitation, and tearing pains in the heart, cutting pains in the bowels, etc., alternating with paroxysms of Gout; swelling, pain, heat, redness, and lameness in the extremities; *neuralgic pains*—tearing or lacerating—in the chest, abdomen, bowels, or anus, in persons having an arthritic diathesis; there may also be general debility, Dropsy, heat and dryness, or perspiration.

*Colchicum*, in drop-doses of the strong tincture, is one of the best remedies for preventing an immediately-threatened, or arresting a recently-developed, *attack* of Gout. When there is circulatory excitement, *Acon.* should be alternated with it. We must add, *Colch.* has but little *curative* power over the gouty *diathesis.*

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## 36.—Collinsonia Canadensis—*Stone-root.*

This plant is indigenous to the Northern American States, and is one of the "New American Remedies."

Leading Uses.—*Affections of the rectum*—Constipation and Piles—from congestion. It is also of service in some Rheumatic and cardiac affections. The Indians use it for the healing of sores and wounds; it is also domestically used in America as a poultice and wash, much as we use *Arnica.*

Digestive System.—Blind or bleeding *Piles and Constipation;* Indigestion from loss of tone in the stomach, with *flatulence*, Colic, and Spasms in the bowels; throbbing Head-

ache and fulness in the head, and many other disorders from Constipation or Hæmorrhoids; much straining and dull pain at stool; heat, and *itching of the anus;* "hæmorrhoidal Dysentery;" Diarrhœa of children, and *Cholera Infantum*, with Colic, Spasms, flatulence, and mucous, papescent, or watery discharges.

Generative System (*Female*).—*Dysmenorrhœa*, *Menorrhagia*, *Prolapsus Uteri*, and *Leucorrhœa*, when depending on hæmorrhoidal troubles; Amenorrhœa, when the hæmorrhoidal discharge is vicarious of menstruation; *Pruritus Vulvæ*, *Constipation*, or *Piles*, from pelvic congestion, or *during pregnancy.* With the various affections there is considerable concurrent exhaustion; and most of the uterine troubles for which *Collinsonia* is curative are dependent upon diseases of the rectum or bowels.

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## 37.—Colocynthis—*Bitter Cucumber.*

This plant is a native of Turkey, Egypt, etc. It has been used in medicine from a remote period, and is supposed to be the *wild gourd* of Scripture. The pulpy or medullary matter surrounding the seeds yields the medicinal product, from which we make a straw-coloured tincture, or a trituration.

Leading Uses.—*Colic with Diarrhœa; Neuralgia. Pain* is its most essential indication.

Nervous System.—*Neuralgic Hemicrania*, with sensation as if the head were in a vice, and pressive or burning, cutting pain in the eyeball; violent stitches in the forehead and eyes, from within outwards; *Facial Neuralgia*, chiefly on the left side, with *Headache and Toothache*—the pains being tearing, stitching, aggravated by warmth and motion, and occurring periodically. *Sciatica*—the pain being lancinating, and darting down the leg from the hip to the foot,

worse when raising the limb, but better with continued exercise: and especially when Diarrhœa and colicky pain also exist.

Digestive System, etc.—Severe griping or *cutting-pains* as from knives, in the abdomen and about the navel, increased by food, with irritability of the bowels, followed by copious Diarrhœa, with *straining*, the Diarrhœa affording relief: but the symptoms may speedily recur; dysenteric Diarrhœa, the evacuations consisting mainly of blood, with severe Colic; Peritonitis involving the ovaries; colicky and stitching pains in the ovaries and liver.

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## 38.—Conium Maculatum—*Spotted Hemlock.*

Spotted Hemlock grows abundantly along hedges and in waste places. When very young it bears, like fool's parsley, a resemblance to common parsley, and has been mistaken for the latter, and eaten,—sometimes with fatal effects.

Leading Uses.—Paralytic, cancerous, and strumous diseases, affecting old persons, females especially.

Nervous System.—Paraplegia, commencing in the feet, and gradually extending upwards; Paralysis following Apoplexy.

Eyes, etc.—Inflammation of the eyelids, with suppuration, ulceration, excessive sensitiveness to light, and violent burning and itching in scrofulous patients; Photophobia and discharge of scalding tears without inflammation; Presbyopia, especially the far-sightedness of old persons when it comes on prematurely; scrofulous Ozæna. *Respiratory System.*—Dry, hacking *cough*, with constant irritation, *scraping in the larnyx*, worse on lying down and at night. *Generative System.*—Scirrhous engorgements of the mammary and other glands resulting from mechanical causes; Atrophy

of the breasts and testicles; Amenorrhœa; ovarian depression; swelling of the testes from a blow; Impotence and Sterility. *Skin.*—Scaly and tubercular eruptions.

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## 39.—Croton Tiglium—*Croton-oil.*

We express the oil from the seeds of *Croton Tiglium* growing in Hindostan, Ceylon, and other parts of Asia.

In the old-school Materia Medica, Croton is chiefly used as a purgative, and, externally, diluted with olive-oil or soap liniment, as a counter-irritant.

Leading Uses.—*Choleraic Diarrhœa*, and Cutaneous diseases, resembling those which it produces when employed according to the allopathic fashion. It is especially valuable in *Eczema*, in which disease we have in numerous instances proved it to be a most reliable remedy. We have recorded a case illustrating this use of *Croton Tig.* in the *H. World* (August, 1872). See also the Section on *Eczema*.

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## 40.—Cuprum Metallicum—*Metallic Copper.*

When combined with acids, this metal is a violent irritant poison. Even food cooked in untinned copper vessels, by dissolving a portion of the metal, becomes highly poisonous.[1] For homœopathic uses it is prepared in the first instance as a trituration: the acetate and sulphate are also used.

Leading Uses.—Derangements of the nervous system characterised by *Cramps*, *Convulsive movements*, and *Spasms*.

[1] A case of the poisoning of a whole family, from water from a well in which a copper kettle had been immersed, is cited in the *H. World*, vol. ii., p. 207.

Nervous System.—*Chorea*, especially of the upper extremities or of one side of the body, with neuralgic pains previous to or during the attack, and followed by Paralysis of the affected parts; *Epilepsy*, characterised by the violence of the Convulsions, and, usually, paleness of the face, Vertigo, Headache, and muscular tremors; Melancholy, debility, very slow pulse, languor, loathing of food, sallow complexion, and emaciation from nervous affections; Hysteria; Angina Pectoris; etc.

Respiratory System.—*Spasmodic* Asthma, Croup, and Hooping-cough.

Digestive System.—Chronic Vomiting and Diarrhœa; the *cramps* and *vomiting* of *choleraic Diarrhœa* and *Asiatic Cholera*; some forms of *Enteralgia*, Gastritis, and Dysphagia.

*Cuprum Aceticum* is also used by homœopaths; but there is no difference in the sphere of action of the two preparations; the acetate has a more prompt action than the pure metal.

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## 41.—Digitalis Purpurea—*Purple Foxglove.*

For homœopathic purposes a tincture is generally prepared from the fresh leaves, but a recent watery infusion is preferable, as alcohol partly neutralises *Digitalis*.

Leading Uses.—Disease of the *heart*, with dizziness, tendency to faint, shortness of breath on exercise, Palpitation, slow, *irregular, and intermittent pulse*, or *quickened and feeble* action of the heart; frontal Headache, with heaviness and throbbing, dimness of sight, sparks and colours before the eyes, and buzzing in the ears, also nausea and Vomiting, associated with heart-disease. *Dropsy* from Hypertrophy, Dilatation, and enfeeblement of the heart; Dropsy of the kidneys, and Suppression of urine; *Cyanosis*, *Ascites*, and

even *Anasarca*, depending upon, or associated with, vascular derangements—heart-disease, menstrual irregularities, etc.; white or ash-coloured stools, either dry or papescent, with white-coated tongue. We have repeatedly found *Digitalis* of priceless value in removing dropsical accumulations, quieting urgent symptoms, and prolonging life when previously death seemed imminent.

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## 42.—Drosera Rotundifolia—*Round-leaved Sundew.*

This plant is indigenous to elevated situations in Great Britain, and flourishes in mossy, turfy bogs. We prepare a tincture from the whole plant.

Leading Uses.—*Spasmodic Cough; Hooping-cough* (the *best* remedy after *Acon.* and *Bell.* in uncomplicated cases; *Phthisis Pulmonalis*, with *spasmodic Cough*, profuse expectoration, Hæmoptysis, and gastric irritation, the cough inducing vomiting; Cough, generally, of a *spasmodic* character, coming on suddenly, with retching or Vomiting; nervous and sympathetic Cough. These uses accord with the pathological effects of the drug, which causes in the healthy a Cough with *tickling in the larynx*, and Vomiting of food.

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## 43.—Dulcamara—*Bitter-Sweet—Woody Nightshade.*

It has acquired its name from *dulcis* (sweet) and *amarus* (bitter), owing to the transition of tastes which it yields. We employ the young branches and leaves of the plant when it commences flowering.

Leading Uses.—Various affections resulting from *damp, or a thorough wetting*, such as Cold in the head, short hacking Cough, difficult expulsion of phlegm, nausea, *Diarrhœa*,

Catarrh of the bladder, itching and stinging *eruptions*, glandular enlargements about the neck, mild Rheumatism, with pains worse during rest, and relieved by movement, and other conditions following a cold. If taken *immediately* after exposure to damp or wet, *Dulc.* will often prevent the effects of a cold.

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## 44.—Euphrasia Officinalis—*Common Eye-bright.*

The names given to this pretty unassuming plant in different countries, and during several centuries—"eye-bright," "eye-comfort," "spectacle-breaker," etc.—all indicate its specific uses in restoring and strengthening the vision.

Leading Uses.—*Simple or Catarrhal Conjunctivitis*, with *abundant watery secretion*, sensitiveness to light, and irritation of the frontal sinuses and of the lining of the nose, with sneezing, and copious watery discharge; *Hay-fever;* smarting or stinging in the eyes—the effects of light, or of cold air; Catarrhal Inflammation in the first stage of Measles; simple *Acute Inflammation* of the eyes; chronic sore eyes; *Amaurotic* conditions from suppressed Nasal Catarrh; Strumous Ophthalmia (with *Sulph.*); specks on the cornea. The remedy may also be applied topically as a lotion—ten to twelve drops in a wineglassful of water.

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## 45.—Ferrum—*Iron.*

Iron is distinguishable in the residue of the combustion of many plants, and it forms an important constituent of the blood and other parts of the animal organism. In homœopathic practice we use either the filings of pure metallic iron, prepared by trituration, or the Acetate of Iron—*Ferrum*

*Aceticum*—which is a convenient solution. Other supplementary preparations are also used—*F. Iodidum*, *F. Muriaticum*, *F. Redactum*, etc. We generally use the last-named preparation.

Pathogenetic Effects.—The first effect of iron may be to cause an apparent stimulation of the vital functions, but the physical condition of those who live near iron springs proves that ultimately iron possesses debilitating properties. We find these people tainted with chronic diseases more than almost any other class of men, even when their mode of life is otherwise unexceptionable. A general or partial Debility bordering upon Paralysis, certain violent pains in the extremities, various affections of the abdominal viscera, Vomiting of food day and night, Pulmonary Phthisis, Cough with Hæmorrhage, want of animal heat, menstrual suppression, Miscarriage, Impotence, Sterility, Jaundice, and other symptoms of Cachexia, prevail among them (see *Hempel*).

Leading Uses. — *Anæmia*, *Chlorosis*, and associated ailments.

*Nervous System.* — Neuralgia; Chorea; Hysteria, with Anæmia or uterine obstructions. *Circulatory System.*—Congestive Headache; languor; Dropsy; cold hands and feet; Chilblains and Sores in leuco-phlegmatic constitutions. *Respiratory System.*—Phthisis; Hæmoptysis, with a tickling cough; Pneumorrhagia. *Digestive System.*—Loss of appetite, coated tongue (white or yellow), oppression and fulness of the stomach and bowels after eating, frequent Vomiting of food, Constipation with ineffectual urging, or chronic Diarrhœa with slimy, even bloody stools, and straining; colliquative Diarrhœa; Lienteria; Ascarides; Prolapsus Recti in anæmic children. *Genito-Urinary System.*—Catarrh of the bladder; involuntary urination of children during the day; Impotence; Sterility; Spermatorrhœa; Amenorrhœa with Anæmia; Leucorrhœa.

## 46.—Ferrum Phosphoricum—*Phosphate of Iron.*

Leading Uses.—*Ferr.-Phos.* is valuable in the debility of children with failing appetite, and when from being sprightly, buoyant, and gay, they become dull, languid, and listless, refusing to join in outdoor amusements that were previously much enjoyed. There is some pain in the forehead or stomach, a tendency to Constipation, and slightly furred tongue, but no evidence of worms, or any apparent disease. Although the flesh remains firm, there is loss of weight and strength. In this detail (abridged) there is drawn a picture of symptoms infallibly to be met by *the Phosphate of Iron* (*Dr. Cooper*). Phosphate of iron not only only improves the strength, but helps to increase the bodily development in a manner that no other remedy does, and if the bowels are confined, it brings them into proper order. This preparation of iron is valuable in *diurnal Enuresis* depending on irritation of the neck of the bladder, which is relieved when the pressure of the urine is taken off by recumbency.

Iron and Sulphur.—The differences between the indications of *Phosphate of Iron* and *Sulphur* are, briefly, as follows: —If the flesh is fairly firm, the complexion delicate, and the hair light and curly, *iron* is indicated; but if, on the other hand, the complexion is *dark*, the muscles *flabby*, the hair long and lank, and the skin moist, then we have our remedy, *cæteris paribus*, in *Sulphur*. Dr. Cooper adds, "I speak from experience gathered from contact with the disease."[1]

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## 47.—Gelseminum Sempervirens—*Yellow Jessamine—Woodbine.*

"This is one of the most beautiful climbing plants of the Southern States (America), ascending lofty trees, and forming

[1] Abridged from *H. Review*, v. xv. p. 47.

festoons from one tree to another, and in its flowering season in the early Spring, scenting the atmosphere with its delicious odour. On account of its gorgeous yellow flowers, and the rich perfume which they impart, as well as the deep shade it affords, it is extensively cultivated in the gardens of the South, as an ornamental vine" (*Hale*). We make a tincture from the root.

General Uses.—Affections of the *nervous* and *muscular* systems. Its action seems to come between that of *Acon.* and *Bell.;* and in some respects it is very similar to *Chloroform.* It is useful in acute pain in the muscles, as from long-continued exertion; the head-symptoms arising from heart-disease; Cerebro-spinal Meningitis; *Scarlatina Simplex,* especially in children, with great restlessness, tendency to remittency, and when *Acon.* and *Bell.* fail to bring out the eruption fully and bright; simple fevers of women and children when *Acon.* is not sufficient, or when there is a condition of the brain beyond the reach of *Acon.*, yet not demanding *Bell.; Infantile Remittent Fever,* and other Fevers having a *remittent* character, the evening exacerbations passing off without perspiration, and without dyspeptic symptoms; Nervous Fever, "Inward Fever," etc., without intestinal lesion; Measles in the forming-stage, with chilliness, thin watery discharge from the nose, Hoarseness, etc.; tendency to Convulsions in children about the time of the eruption in Fevers; feverish conditions with great restlessness.

Nervous System.—Nervous rigors with chattering of the teeth, and shivering, *without chilliness,* from fright, mental emotion, or Hysteria; Neuralgia, with nervous twitchings; feeling of lightness in the body; aches and pains in the back, shoulders, neck, etc., from Spinal Congestion or irritation; excessive irritability; causeless nervous excitement of hysteric patients; semi-stupor, languor, and prostration from night-watching, etc.; sleeplessness and mental apathy of drunkards;

hysterical insensibility and lock-jaw; Catalepsy; Spasm of the glottis; *Spasmodic Croup*, when *Acon.* fails, or the brain is involved; Coma, and Apolexy from intense passive Congestion; sleeplessness from mental excitement; drowsiness in hot weather, when not arising from deranged stomach or liver. In large doses, *Gels.* so paralyses the muscular system, that while the patient is fully conscious, he lies utterly powerless to open his eyes or his mouth; hence it is very useful in some local Paralyses.

Head.—Passive, venous Cerebral Congestion, with dull Headache and Vertigo; Hemicrania—dim sight, double vision—and great sensitiveness to all sounds; nervous Headache—the pain commencing in the neck and spreading thence over the whole head; sudden Headache, with dizziness, heaviness, dulness, and a state of semi-stupor; Sunstroke with similar symptoms; Brain-fever, when *Acon.* fails.

Eyes, etc.—Heaviness of the eyelids; *Ptosis*, caused by congestion of the brain; weakness of sight from over-exertion, with *dimness, dryness, and double vision;* heaviness in the head; paralytic Squinting; Amaurosis, from Congestion of the brain, with dilated pupils, or from worms, or from overdoses of *Quinine*, with black spots before the eyes; "thirst for light." Roaring in the ears, with sudden Deafness.

Circulatory System.—Excessive action of the heart from functional causes, and Palpitation, with heavy throbbing; affections of the head and eyes from heart-disease.

Respiratory System.—Nasal Catarrh—discharge of watery fluid from the nose, with Hoarseness, Cough, soreness in throat and chest; Spasm of the glottis, and Spasmodic Croup;[1] spasmodic affections of the throat, as in Hysteria; Paralysis of the glottis and other organs of the voice, whether or not after Diphtheria; Aphonia, from Catarrhal Paralysis; affections "from relaxation from the return of hot weather after

[1] Two remarkable cases are reported in the *H. World*, vol. v. pp. 62-3.

winter;" acute Bronchitis and Pneumonia in the first stage, when there is not the excitement calling for *Acon.*

Digestive System.—Pure nervous Toothache from cold—a drop of the tincture may be applied to the tooth; "painful dentition, with sudden loud outcries, pulsating fontanelles, and feverishness;" Sore throat, with pain shooting up to the ears, and Deafness; Cramps and spasmodic conditions of the stomach; Congestion of the stomach—sense of a heavy load, with tension, and dull pain; emptiness, "goneness," or false hunger—a gnawing sensation. Diarrhœa, with bilious, papescent stools, much flatulence, and excess of nervous prostration; Dysentery, with inflammatory symptoms, from passive Congestion of the liver, inducing languor, drowsiness, dulness or depression, Headache, dimness of sight, etc.; Jaundice.

Urinary System.—Enuresis in children and old persons, from Paralysis of the sphincter; Spasm of the bladder; Spasm of the ureter from the passage of a Calculus.

Generative System.—Involuntary emissions *without* erections; flaccidity and coldness of the genitals; Gonorrhœa; Seminal weakness from emotional, or local congestive, causes; some cases of Spermatorrhœa and Spinal exhaustion, from Self-abuse. Congestive Amenorrhœa from cold; neuralgic or spasmodic Dysmenorrhœa; false pains, and after-pains; simple Menorrhagia, without other symptoms; spasmodic Gastrodynia of pregnant women; *rigidity of the os uteri;*[1] puerperal Convulsions.

Skin.—Simple Erythema and Erysipelas, with slight Fever; evanescent eruptions resembling Measles.

[1] Dr. J. S. Douglas, of Milwaukee, has communicated to the author some striking cases of the relaxing effects of *Gels.* in rigid and unyielding *os uteri* in labour, as also in *uterine Congestion* and *Puerperal Mania.* He has had ten years' experience in the use of this remedy in such cases, and states that it never disappoints him, especially in its relaxing influence on the *os uteri.*

## 48.—Glonoine—*Nitro-Glycerine.*

This is a preparation of Glycerine and Nitric and Sulphuric Acids. While of great service in excavating, its great explosive properties render it extremely perilous; many serious accidents having occurred through the least mismanagement in the transit or storage of the drug. In the human body it acts as quickly as Prussic Acid.

Leading Uses.—*Glon.* mainly affects the brain and cerebral circulation.

The following are the prominent symptoms: *Congestive Headache, fulness, tightness,* and *Vertigo*; *Sunstroke,* with sudden falling down, violent dizziness and distress; effects following Sunstroke; congestive Headache at the climacteric period and in Amenorrhœa from suppression; Neuralgia, and Puerperal Convulsions, with violent cerebral congestion; *nervous palpitation,* as from fright, Hysteria, etc.; *rush of blood,* with throbbing in the arteries of the neck, quickened pulse, etc.

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## 49.—Graphites—*Black-lead—Plumbago.*

This name is from the Greek (*grapho,* to write), because it is used for writing with. We first make triturations.

Leading Uses.—Unhealthy condition of the *skin*—chronic eruptions, Ulcers, and Erysipelas; cracks, and excoriations; tetter. *Constipation,* with large and knotty stools, co-existing with a dry, harsh skin; delayed and scanty menses, especially with unhealthy states of the skin, and Constipation; swelling and indurations of the testicles, etc.

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## 50.—Hamamelis Virginica—*Witch-hazel.*

This is an American plant, and we make a tincture from the bark and leaves.

Leading Uses.—*Varicosis, Phlebitis,* and *Hæmorrhage.*

Head.—Headache, fulness, dull pain, and crowding pressure in the forehead and between the eyes, from venous Congestion, especially when leading to Epistaxis; blood-shot eyes from Hooping-cough. We have repeatedly found it of special value in Epistaxis.

Circulatory System.—Varicose veins, not ulcerated (internal and external use); varicose condition of the throat, the veins looking blue, with uneasy sensation in the parts, pain, and hawking up of mucus and blood; *Inflammation of the veins,* especially if associated with a varicose condition. Distended veins, from Rheumatic Gout. It has a distinct relation to the coats of the veins.

Digestive System.—Painful and *bleeding Piles,* with sensation as if the back would break off, for which it is a prime remedy, and should be used externally as well as internally; intestinal Hæmorrhage; Dysentery, when the quantity of dark blood is a more prominent symptom than the straining; Hæmatemesis, etc., or Varicosis, with Constipation.

Genito-Urinary Organs.—*Ardor urinæ;* Hæmaturia and irritable bladder; Neuralgia of the testes and ovaries; ovarian disease, with pain in the loins, ardor urinæ, etc.; vaginal Leucorrhœa, with relaxation of the mucous lining, etc.; *vicarious menstruation;* Varicocele.

*Hæmorrhages.*—Hæmorrhage from the *nose,* mouth, cavity of an extracted tooth, *stomach, lungs, bowels,* bladder, uterus, or *anus,* when the blood is *venous,* steadily flowing in a dark stream; "Hæmorrhage with asthenia or anæmia, or from asthenic tendency, is of itself an indication for the use of *Hamamelis*" (*Belcher*).

*Injuries.*—Burns of the tongue and lips from hot drinks; *Ecchymosis* from a bruise.

External Use.—*Formula.*—One part of the strong tincture to four or five of water. Besides its external use in nearly all affections for which it is given internally, *Ham.*, like *Ruta*, may be substituted for *Arnica* when the latter does not suit the patient.

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## 51.—Helleborus Niger—*Black Hellebore—Christmas-rose.*

A tincture is prepared from the fresh root.

Leading Uses.—*Hydrocephalus* from a diseased condition of the serous membranes, or following Sunstroke, or as a sequela to an eruptive disease, or from the retrocession of Mumps, etc., with pain in the head, drowsiness, stupefaction, paleness of the face, and slight convulsive movements. In chronic Hydrocephalus, however, it must be regarded only as an ally to such deeper constitutional remedies as *Calc.* and *Sulph.*, especially in scrofulous patients. *Dropsy* of the chest, abdomen, and scrotum, and general Anasarca, resulting from Scarlatina, Intermittent fever, etc. Puerperal Mania, and other mental derangements of women.

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## 52.—Helonias Dioica—*False Unicorn.*

This plant is indigenous in the lowlands of the United States of America. A tincture is prepared from the root, or a trituration from Helonin.

Leading Uses.—Loss of tone in the uterine organs, with deranged stomach. It is described as a *Uterine tonic*, and we have repeatedly proved it to be a most precious remedy in atonic conditions of the womb—Amenorrhœa, Prolapsus

uteri, Menorrhagia, Sterility, Leucorrhœa, etc. At the same time, it improves digestion and assimilation, and its action on anæmic patients very much resembles that of *Ferrum*. Pain and stiffness in the sacral region from male or female sexual disorders, often supposed to be of a rheumatic character, are curable by *Helon*. In suitable cases, it is a remedy we prescribe with great confidence.

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## 53.—Hepar Sulphuris Calcareum—*Hepar Sulphur—Liver of Sulphur.*

A preparation of the calcareous matter of the *oyster-shell* and *Sulphur*. These substances are heated together in a hermetically-closed crucible and form an impure sulphide of calcium, which gives off sulphuretted hydrogen.

Leading Uses.—Affections of the *glands*, *respiratory system*, and *skin;* the *scrofulous* and *syphilitic dyscrasiæ;* and the evil effects of *Mercury*. Chronic glandular swellings, especially when Abscesses form; scrofulous disease of joints; ulcers, and scaly eruptions due to syphilitic infection; suppuration from any part, in scrofulous persons. It promotes and regulates suppuration in a remarkable manner (second only to *Silicea*).

Head, Eyes, etc.—Headache at the root of the nose; chronic periodical Hemicrania, with boring pain; ulcers of the conjunctiva, which are apt to return; sore eyes, chronic, with frequent inflammation and free discharge, in scrofulous children; scrofulous Ozæna and Otorrhœa.

Respiratory System.—Hoarseness, with wheezing breathing; hoarse Cough following Measles; membranous Croup; Catarrh of the larynx and trachea, with roughness and Hoarseness, severe, deep, dry cough, particularly in the evening, and easily excited by exposure; "sensation as of a clot

of mucus, or of internal swelling, when swallowing," and titillation in the throat; Cough with those symptoms, at first dry, afterwards moist, and yielding tenacious mucus; chronic Bronchitis; Phthisis Pulmonalis in the scrofulous.

Digestive System.—*Acute Quinsy;* in this disease, we have found it the most efficacious remedy. It is very valuable also for swollen tonsils; Salivation, spongy gums, and other conditions of the mouth, from allopathic doses of *Mercury;* chronic Dyspepsia, with frequently and easily deranged stomach; chronic Congestion of the liver, with abdominal distress, impeding free respiration, and causing a sense of oppression; obstinate constipation, from a congested condition of the rectum, and Piles, from engorgement of the liver.

Skin.—Unhealthy, and chapped or cracked skin; fissures in the palms of the hands; *Abscesses, Whitlow, Boils,* and threatened *Carbuncles;* chronic Erysipelas; chronic Herpes.

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## 54.—Hydrastis Canadensis.—*Golden Seal.*

*Hydrastis Canadensis* comes to us from America. It grows in different parts of the United States and Canada, and has long been known to the Indian tribes for its medicinal virtues and beautiful yellow die. Its value has been recognised to a very limited extent by the allopathic school, rather more by the eclectics, still more by homœopaths. Its rugged root is the part used for officinal purposes. In administration it is employed externally as an injection, a lotion, or a gargle; internally in the form of trituration or tincture, in low and high attenuations.

Leading Uses.—Its special range of action is not extensive, but within that range it is very efficient. It affects chiefly the *mucous tracts,* the *glands,* and the *skin.*

Beginning, then, with the mucous membranes, the following is a sketch of its symptomatology.

Eyes, Ears, and Nose.—Dr. Hale has observed that the eyes seem to be prominently affected by the pathogenetic influence of the drug; that in *Catarrhal Conjunctivitis*, after the acute stage has passed, it may be used as a collyrium with unequivocal benefit; that it is more appropriate to a *chronic* condition; and that the discharge for which it is indicated proceeds from obstinate catarrhal inflammation, in which ulceration is a prominent symptom. Dr. Palmer, of New Hamilton, remarks that in Conjunctivitis he has used it locally and internally with good results. In Nasal Catarrh, he employs the 3x dilution, and finds it especially beneficial when there is a constant discharge of thick white mucus from the nose, obstruction of the nasal passages, and Coryza with frontal headache. One of the symptoms which indicate its use, is a peculiar roaring in the ears—a whirring roar—especially in a feeble condition of the system. It has been found useful in *Tinnitus Aurium*, and in *Otorrhœa* when the mucus has been thick: a weak solution should be employed as an injection. The constant discharge of thick white mucus from the nose he regards as a leading indication. For several years he has been in the habit of treating chronic nasal Catarrhs, Ozæna, and diphtheritic affections of the nose with *Hydras.*—the second dilution in simple Catarrh, internally and by injection; the first decimal trituration when there is Ulceration; a still stronger form in Ozæna.

Mouth and Throat.—An aphthous condition of the mouth yields to this medicine. A yellow stripe down the middle of the tongue, or even over the whole of the organ, which feels large, with a sticky mouth, are indications. In all forms of *Stomatitis* of children it is valuable—in simple ulceration, in mercurial sore mouths, and in *Stomatitis Materna.* We have found obstinate cases, in which other remedies had failed,

yield to a wash of *Hydras.*, used several times a day. Sometimes a peculiar sore throat attends Dyspepsia, arising from extension of the irritation of the stomach. For this, *Hydras.* is an excellent remedy, given internally. It may also be so given and as a gargle for some cases of Diphtheria, being homœopathic to the debility which accompanies that disorder, as well as to the ulcerous state of the throat. In ulcerous sore throat we have found it to act very promptly.

Dr. Logan reports the successful treatment of more than 200 cases of Diphtheria with *Hydras.* gargle. Dr. Hill states that, used as a gargle in a putrid state of the throat in malignant Scarlet fever, it arrests the destructive process at once.

Gastric Affections.—Here it takes rank with our old friends *Nux V.*, *Puls.*, and *Sulph.* Observations point to its use when the Dyspepsia is atonic; when there is great sense of prostration and sinking at the epigastrium, with violent and long-continued Palpitation of the heart. Dr. Hale limits its beneficial action upon the intestinal tube, for he says: "*Hydrastis* is not primarily or directly homœopathic to *Diarrhœa* unless it be catarrhal, in which it should be used highly potentised. But it is decidedly homœopathic to the following conditions. (1) Chronic mucous flux of the intestines (*Blenorrhœa*): (2) Erosion, chronic Ulceration, etc., with defective absorption; flatulent Colic." We draw attention to the term "chronic" as indicative of the character of other symptoms to which the medicine is also applicable.

*Hydrastis* is indicated in some forms of Dysentery; in mucous *Enteritis*, when of a catarrhal character [observe how "catarrhal" as well as "chronic" runs through the characteristics]; in *chronic* Enteritis, when the discharges are tenacious and slimy; in *Ulceration of the rectum;* in fissure and excoriation of the anus, in Piles,[1] etc. In these cases

[1] A professional correspondent informs us of the cure of a case of Hæmor-

enemata, in addition to the internal use of the drug, are beneficial.

Constipation.—But it is in cases of Constipation that it has been found especially efficacious. Dr. Hughes remarks: "My chief experience with this drug has been the treatment of Constipation; for which it is a precious remedy, far superior to the *Nux Vom.* usually prescribed. It is in cases when Constipation stands alone, or is the cause of other ailments, that I find *Hydras.* so valuable." Dr. Bayes says: "In obstinate Constipation, tincture of *Hydras.* 1x, in two- or three-drop doses, in a wineglassful of water, is frequently curative. In three-drop doses *Hydras.* ϕ is a mild purgative. It has the advantage of giving tone at the same time" [observe its *tonic* properties]. According to Dr. Newton, "*Hydrastis* is a first-class antagonist to simple chronic Constipation." Dr. Hastings has found "a drop of the mother tincture in water, first thing every morning, most effectual." Dr. Rogerson has often tried it with great success, and says: "It seems to act most beneficially on those who have resorted to a course of 'opening medicine;' it also seems to act best on those who, after an active life, have become of sedentary habit." The testimony is thus very strong in favour of its use in *torpidity* of the bowels; and though no instance is on record, we should think it especially valuable in the case of old persons who suffer from general atony of the system. From analogy it seems most likely that *Hydras.* would have the same effect upon other mucous surfaces as it has on those to which reference has been made.

Genito-Urinary System.—In diseased conditions of these organs—Gleet, Gonorrhœa, incipient Stricture, Spermatorrhœa, Leucorrhœa, Inflammation and Ulceration of the internal coats of the bladder, and the consequent debility—

rhoids, of twenty years' standing, by *Hydrastis;* at the same time the general constitutional condition of the patient was greatly improved.

it may be regarded as almost specific, and we have repeatedly proved its striking efficacy. Injections of a solution of the *Sulphate* of *Hydrastis* are curative in Gonorrhœa, after treatment of the acute stage by *Acon.* or *Gels.* Injections or other local applications are generally necessary in the above diseases, in addition to its internal administration.

Glandular and Cancerous Affections. — It operates favourably in some glandular disorders, and in the cachectic condition of Cancer it has been long known to have great efficacy. Dr. Hale thinks it may act by assisting the glands to eliminate the poison. Dr. Marston expressed an opinion "that it is rather through a specific action which it exerts upon the glandular structures than through any specific action upon Cancers as such that favourable results depend." Dr. Bayes thinks that its healing influence is confined to its power to give healthy balance to the mucous surfaces and to the glandular system. He has seen cancerous Tumours in the breast entirely disappear under the use of this remedy, which he attributed to its powerful influence over the glandular system rather than to any antidotal power against Cancer.[1] He has also had abundant evidence of its beneficial influence in alleviating the pain and improving the character of cancerous Ulcerations. Dr. Hale affirms that it is homœopathic to the debility, and Drs. Marston and McLimont that they "know of no medicine which has caused so great an improvement in the general health of our cancer-patients as this; an improvement which, in most cases, has become visible in the bettered expression of the countenances of the patients." If, therefore, it does not effect a cure, it affords most precious alleviation. Judging from our own experience, however, in the debility of Cancer, *Hydrastis* must yield the palm to *Arsenic*, for we have repeatedly witnessed the most decided improvement from a course of *Arsenic*.

[1] "Applied Homœopathy," p. 101.

Skin.—The value of *Hydras.* in Ulcers, Lupus, Rhagades, and excoriations, especially in cachectic and enfeebled constitutions, is very great. In excoriation of infants it has been found useful when *Calend.* has failed. A lotion of $\frac{1}{10}$ in water, applied by lint, acts with great rapidity. Glycerine is, however, a better vehicle than water. A dry trituration may be a more convenient form of application. Sore nipples are relieved by it.

In conclusion, ulcerous conditions of any of the surfaces, especially if chronic and attended with debility, will yield to *Hydras.* Catarrhal and ulcerated conditions are weakening, and signs of weakness. This remedy gives tone generally and locally, and thus assists nature in overcoming and eliminating the disease. It will thus be seen to be a medicine of primary importance for the diseases to which it is homœopathic.

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## 55.—Hyoscyamus Niger—*Black Henbane.*

This plant is indigenous throughout Europe, growing in uncultivated places in the neighbourhood of farms, villages, etc. The herb may be recognised by its fœtid odour when pressed. We make a tincture from the whole plant.

Leading Uses.—Functional diseases of the *brain and nervous system,* characterised by nervous irritability and overactivity of the sensorial functions.

Nervous System.—Delirium, without the congestion indicating *Bell.*, or the fury calling for *Stram.;* "complete loss of sense, urine being passed unconsciously; Delirium coming on with occasional fits of excitement, in which the patient tears at the bed-clothes, attempts to fling off everything, or makes motions as if he were at his employment; afterwards he falls asleep for some hours, waking at intervals with

fits of excitement;" Delirium Tremens; brain-troubles of children, not requiring *Bell.;* excitement preventing sleep; mild Delirium of Typhus, Enteric, and Puerperal fevers; Phrenitis; epileptic and hysteric Convulsions, and Eclampsia; fainting fits of Hysteria.

Head, etc.—Squinting, stammering, twitching in the face, and other choreic movements in children; giddiness and stupefaction, dull and haggard expression, excessive dilatation of the pupils, and loss of speech; disturbance of the visual function—a tailor, under the influence of this plant, could not thread his needle, it seemed to have three eyes.

Respiratory System.—Nervous dry cough, *commencing or aggravated on lying down*, and relieved by sitting up; night-Coughs of children or aged persons; spasmodic, nervous Coughs of children, the aged, and hysteric persons.

Digestive System, etc.—Vomiting from brain-disturbance; hysterical vomiting; painless diarrhœa, especially in females; involuntary nocturnal urination.

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## 56.—Ignatia Amara—*St. Ignatius' Bean.*

The *Strychnos Ignatii* is a climbing bush, which, like the *Strychnos Nux Vomica*, grows on the islands of the east and south-east coasts of Asia. Although the two plants are of one family, the seeds of the former contain more strychnia than the latter, and there is a considerable difference in their respective therapeutic effects.

Leading Uses.—The action of this remedy is mainly in nervous and digestive derangements.

Nervous System.—*Hysteria*, and other *nervous disorders;* sensation in the throat as of a lump there (Globus Hystericus); epileptiform and other convulsive affections of children, as if from worms or fright; emotional disturbances from grief or

fright; Hypochondriasis in the male; alternate gaiety and sadness; acute sensibility of the body; sleeplessness, and the consequences of *fright* or *grief* in persons of an exalted impressionability, especially women and children; excessive convulsive *Yawning;* stiffness of the back from spinal irritation.

Head, etc.—Paroxysms of Headache, with sensation as if a nail were pressed into the brain; weight at the back of the head, the patient being continually inclined to lean it back upon something for support; Face-ache and Tooth-ache, with crushing pain, or digging and soreness in the teeth.

Respiratory System.—Sensation as if a cold in the head were coming on, with aching in the forehead; nervous Cough, with irritation in the throat-pit; bronchial Catarrh of old persons where *Spasm* is a prominent symptom; constriction of the chest; dyspnœa. Pain and anguish of the heart (not organic) from depressing emotions.

Digestive System, etc.—Indigestion, with great *nervous depression; flatulence;* distress in the stomach, and periodical spasms of hysteric persons; excessive perspirations during meals; feeling of weakness at the epigastrium; acute pain in the anus; Constipation, with frequent unsuccessful desire for stool, and Prolapsus Ani, in the aged and in children.

Genito-Urinary System.—Copious discharge of pale urine. Premature and profuse menstruation.

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## 57.—Iodium.—*Iodine.*

This is an elementary substance, chiefly obtained from incinerated sea-weed or kelp, named from ιωδης (violet-coloured), on account of the beautiful and characteristic colour of its vapour. It also exists in the mineral and vegetable kingdoms. The therapeutic virtues of *Spongia* are due

in part to the presence of *Iodine* in that substance; nevertheless, *Spongia* has a sphere of its own apart from that of *Iodine*

Leading Uses.—Scrofulous affections of the glands; scrofulous inflammation of the joints; Goître; Inflammation of the *lymphatic glands;* general emaciation, with colliquative sweats and Diarrhœa; Hectic fever; wasting of the body from non-assimilation of the fatty elements of food, with a tendency to Consumption of the lungs, or, in children, of the mesenteric glands; scrofulous Caries.

Nervous System.—Tremblings, with emaciation; Chorea in scrofulous subjects, with exhaustion, Wasting, etc.; Marasmus of children and females; mercurial Wasting and Tremor; Paralysis from deficient innervation, with Atrophy and loss of vitality, from care, want, etc.; despondency, or great and lasting anxiety.

Head.—Pressure in the forehead and back of the head, with confusion, sense of gnawing hunger, followed by thin diarrhœic discharges; chronic nervous headaches from stomachic derangement; congestive headache, with fulness, giddiness, drowsiness, etc., especially in old persons.

Eyes, Ears, and Nose.—Scrofulous Ophthalmia, with Photophobia, obscuration of vision, etc.; chronic catarrhal Deafness with, or following, glandular or throat affections; scrofulous or syphilitic Ozæna, with fœtor, loss of smell, etc.

Circulatory System.—Palpitation, with quickened pulse, and weakness, leading to fainting; fainting turns; intermittent pulse; constriction about the heart and chest; thin condition of the blood and other secretions.

Respiratory System.—Inflammatory Croup (when membranous exudations form, *Iod.* should be administered internally and by inhalation); Croup preceded by hoarseness and dryness of the throat; chronic Laryngitis, with hoarseness, aching, and sore pains; paroxysms of Cough with discharge

of lumps of hardened mucus; laryngeal Phthisis; hoarseness, with fits of deep, dry cough; dry, hard, barking cough; chronic Bronchitis, with tearing and suffocative cough, tickling in the throat, constriction, burning sensation, wheezing and expectoration of blood-streaked, or even purulent, mucus; chronic Pneumonia, with Abscesses; tightness of the chest, with pressing, burning, and Palpitation; Cough with Hæmoptysis, wasting, and night-sweats; Cough and phthisical symptoms following the disappearance of glandular swellings; Phthisis Pulmonalis, with the general symptoms indicative of this remedy.

Digestive System.—Salivation, especially mercurial, with disorganisation of the gums, paleness of the face, emaciation, and small quick pulse; Salivation during pregnancy; unnatural hunger, with indigestion and emaciation; diarrhœic stools, and Wasting, the food not being assimilated; thin, fœtid Diarrhœa of scrofulous children, with distention of the bowels, pinching and cutting pains, etc.; Tabes Mesenterica, with Cough, and hectic symptoms; disease of the pancreas; Congestion of the liver, chronic Jaundice, etc., in the scrofulous, with Wasting, especially when dependent on organic disease.

Generative System.—Atrophy or induration of the testes, with Impotence; Hydrocele. Amenorrhœa in girls having a phthisical tendency, emaciation, etc.; falling away of the breasts; Amenorrhœa in strumous patients, with oppressed breathing, Palpitation, loss of appetite, Costiveness, distention of the bowels, etc.; premature and profuse menses, or profuse, thin, watery discharge, with prostration, dizziness, frontal headache, etc.; Dysmenorrhœa with similar symptoms; Sterility, Metritis, and chronic Vaginitis, in the scrofulous; fœtid Leucorrhœa, with emaciation; inordinate flow of milk, which continues after weaning, with Wasting; ovarian Cysts, Atrophy, etc.

Skin.—Chronic erythematous, papular, and pustular eruptions of scrofulous children; scrofulous Ulcers; Lepra, with corresponding constitutional symptoms. "A remarkable improvement in the beauty of the hair and cleanliness of the scalp has been observed to follow its use in these subjects" (*Hughes*).

Glandular System. — Goître or Derbyshire-neck; its utility is restricted to simple enlargement of the gland. Swelling and induration of the cervical, salivary, and inguinal glands, and swelling of the glands in general. Enlargement of the liver. Injections of *Iodine* have been successfully employed for the cure of Spina Bifida.[1]

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## 58.—Ipecacuanha—*Ipecacuanha.*

This is a creeping herbaceous perennial plant, growing plentifully in wooded tracts of South America, particularly in Brazil. Its root is the *Ipecacuanha* of commerce.

Leading Uses.—Paroxysmal or intermittent affections of the *respiratory* and *gastric systems*, occurring especially at night; Intermittent fever, with predominance of gastric symptoms; Hæmorrhages, especially Hæmoptysis.

Head.—Hemicrania, paroxysmal, with fine stinging pains, soreness, and nausea; pain over eyes, from indigestion.

Respiratory System.—Spasmodic sneezing, with bleeding, or running of watery fluid from the nose, and watering, redness, and smarting of the eyes; spasmodic Cough, at night, with tickling in the larynx, retching, and vomiting of mucus; cough with pain in the umbilical region, as if the navel would be ruptured; Hooping-cough, during the early stage, with great accumulation of mucus and vomiting; paroxys-

[1] See *H. World*, v. ix. pp. 67, 281.

mal Cough with *Hæmoptysis;* bronchial Catarrh, with excessive quantities of mucus, causing vomiting in the effort to expel it. Sudden Hæmorrhage from the lungs in Phthisis; Hay-fever; Spasmodic Asthma, with anguish, deathly paleness, dread of death; nocturnal Asthma, coming on suddenly, with similar symptoms, cold extremities, and ending in profuse expectoration of mucus.

Digestive System.—*Nausea and vomiting*, with abundant flow of watery saliva, qualmishness, sense of emptiness in the stomach, and *moist, yellowish*, or *white-coated tongue;* vomiting of pregnancy, with similar symptoms; *Hæmatemesis* (see also "Generative System"), with moist tongue and flow of saliva; vomiting of blood, mucus, or bile, of a greenish or blackish colour, with straining and retching; loss of appetite; oppression after food, want of tone in the stomach; spasmodic Cardialgia; neuralgic and bilious Colic, with pinching and cutting pains about the navel; Diarrhœa, with nausea, Vomiting, and bloody, or foul-smelling stools; Dysentery, with moist furred tongue, profuse discharge of mucus, greenish matter, and blood; autumnal Diarrhœa, with griping, straining, nausea, and vomiting.

Urinary and Female Generative Systems.—Hæmaturia with qualmishness and nausea in the stomach and bowels; thick, reddish urine. Sudden discharge of bright-red blood from the uterus, after labour, with sickness at the stomach, dizziness, headache, cold, pale face; Menorrhagia, with similar symptoms; *Hæmatemesis* associated with *irregular menstruation* or the critical age.

## 59.—Iris Versicolor—*Blue-flag.*

Blue-flag is an aquatic plant common throughout the United States, presenting blue or purple flowers from May to July. Its value as a remedial agent seems to have been first derived from the Indians, who prize it as a most powerful medicine. In Georgia and Florida it is stated that an artificial pond, constructed for its special cultivation, is found in almost every village, covered with a luxuriant growth of the *Iris*.

Leading Uses.—Affections of the gastric mucous membrane, also of the pancreas and other glands, with abnormal secretion, salivation, vomiting, and purging. Some scrofulous, mercurial, and syphilitic conditions; mercurial Salivation; etc. *Iris* simulates Mercury to a remarkable degree, stopping short of the great disorganising effects of that drug.

Nearly all the conditions for which *Iris* is applicable are characterised by unusual lassitude, prostration, and lowness of spirits, these conditions being probably due to the disturbing action which the drug exercises upon the liver and gastric mucous membrane. It is most useful in persons subject to gastric and bilious disorders. "Iris Versicolor seldom fails to relieve Sick-headache attended with vomiting of bilious matters, when the Headache assumes the form of Hemicrania of the right side; during the cholera season it was found of great value in quickly subduing Diarrhœa attended with Colic and rumbling of the bowels" (*Dr. Small*).

Head.—Neuralgia of the right side of the face. *Sick-headache*, gastric or hepatic: in this affection *Iris* is a remedy of prime importance; the pain is generally in the forehead and right side of the head, is aggravated by rest and on first moving the head, but relieved by continual motion, and is often accompanied by Vomiting or Diarrhœa, and lowness of spirits.

EYES.—Simple Inflammation of the eyelids from cold, especially when associated with Diarrhœa.

DIGESTIVE SYSTEM.—Inflammation of the mouth and fauces, with or without Ulceration, with burning, and Salivation, without fœtor; Salivation, etc., after Diphtheria; burning distress in the region of the stomach and pancreas; "pancreatic Salivation;" sour *Vomiting*, with Headache, Acidity, and eructations; Indigestion from defective pancreatic secretion, rendering the digestion of starchy and fatty foods imperfect; *severe flatulent Colic;* simple affections of the liver; *Diarrhœa*, with burning in the rectum and anus; Diarrhœa not followed by Constipation; looseness of the bowels, with almost constant uneasiness and grinding in the bowels, discharge of fœtid flatulence and fæces; periodical Diarrhœa occurring at night; Cholera Infantum, especially when vomiting is very prominent; English Cholera with great pain in the pit of the stomach, around the navel, or low down in the bowels; involuntary Diarrhœa, rice-water evacuations, cramps, and choleraic expressions of countenance; summer and autumnal Diarrhœa, with watery or bilious evacuations, and when *vomiting* is frequent.

GENERATIVE SYSTEM.—Seminal emissions with amorous dreams; Spermatorrhœa, with lowness of spirits. In the nausea and vomiting of pregnancy we have used it with good results.

SKIN.[1]—Herpes, especially of the face; vesiculo-pustular eruptions on the skin and scalp.

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## 60.—Kali Bichromicum—*Bichromate of Potash.*

We are indebted to Dr. Drysdale, of Liverpool, for the introduction of this drug into our Materia Medica. Guided

[1] See cases of skin diseases cured by *Iris*, in July number of *H. World*, 1872.

by the symptoms which have been observed in the workmen employed in the bichromate-of-potash factories, this drug is now used with success in many important affections. It is prepared for use either as a tincture or trituration.

Leading Uses.—Affections of the mucous membrane, skin, fibrous tissues, liver, and kidneys ; Ophthalmia ; *chronic Rheumatism*, with coldness of the affected parts ; papular cutaneous eruptions ; Syphilis ; etc. It is probably seldom indicated in nervous or toxæmic conditions.

Eyes and Nose.—Ophthalmia, catarrhal or scrofulous, with redness of the conjunctivæ, agglutination of the lids, and discharge of yellow matter. Inflammation and Ulceration of the nose, with serous, purulent, and bloody discharge, sometimes coming away in tough, elastic plugs ; Polypus of the nose (internal use and by olfaction).

Respiratory System.—Acute Coryza ; Chronic Cold in the head ; Influenza, without much nervous prostration ; acute and *chronic Bronchitis*, with *tough and stringy*, or purulent *expectoration*, and dyspnœa, especially when there is also Indigestion ; Croup with hoarseness and accumulation of mucus in the larynx, pseudo-membranous formation ; burning pain in the middle of the sternum ; Cough, followed by violent dizziness, and *difficult expectoration* of *tough*, blood-streaked mucus.

Digestive System.—Ulcerated sore throat, with accumulation of a yellow, *tenacious*, stringy matter ; syphilitic sore throat, when the ulceration is not deep ; Indigestion, "from chronic Gastric Catarrh, with *yellowish* coated tongue ; nausea and vomiting, with sense of coldness in the stomach ; Ulceration of the stomach, with soreness and tenderness, dryness of the mouth, etc. ; Ulceration of the intestines ; dull pain in the right hypochondrium, and whitish stools ; Suppression of urine following Asiatic cholera.

Skin.—Pustular eruptions ; Ulcers of the legs ; Ulcers with

dark centres and overhanging edges, especially of a syphilitic character; small flat pustular eruptions on the face, nose, forehead, and scalp.

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## 61.—Kali Hydriodicum—*Kali Iodidum—Iodide of Potash.*

This remedy is very largely used by allopathic practitioners; it is also considerably used by homœopaths. Its general sphere of action resembles that of *Iodium*.

Leading Uses.—Secondary and tertiary Syphilis; chronic Rheumatism and Gout; weakness and stiffness of the joints, following acute Rheumatism; catarrhal affections of strumous patients. The drug is particularly useful for the above affections in broken-down constitutions. It is also useful in Lead-poisoning.

Nervous System.—Acute and chronic Hydrocephalus; Epilepsy and Paralysis of a syphilitic origin.

Eyes, Nose, etc.—Inflammation of the lachrymal gland, with mucous discharge; syphilitic Iritis; fluent Coryza,[1] affecting the mucous membrane of the eye and the nose, the eyes being red and swollen, and the discharge cool and not causing soreness (hot excoriating secretion indicates *Arsenic*); Ozæna; chronic Deafness. Hypertrophy of the thyroid gland.

Digestive System.—Ulcers, swelling and cracks of the tongue; syphilitic Ulcers on the soft palate and tonsils; chronic Sore throat; sore or fissured anus of infants.

Generative System.—Sub-acute inflammatory condition of the womb in young married women, often with a slightly corroding or irritating mucous Leucorrhœa.

[1] When iodism occurs from the use of this drug, the mucous covering of the eyes, and the lining of the nose, frontal sinus, and mouth, and skin of the face, are the tissues most frequently and severely affected (*Ringer*).

Osseous System.—Periostitis of a syphilitic character; or from an injury; syphilitic Nodes, swelling and Caries of bones.

Skin.—Various forms of chronic syphilitic and scrofulous cutaneous disease,—Psoriasis, Lepra, Erythema, Lupus, Ulcers, etc.; Wens on the head.

Characteristics.—The pains which *Iodide of Potassium* removes are almost always worse at night. The pains of Syphilis are generally aggravated at night, and in many cases those of chronic Rheumatism; this is also true of many other complaints. Such a character of the disease may be accepted as a strong indication for this drug (*see Ringer*).

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## 62.—Kreasotum—*Creasote.*

The word is derived from χρεας (flesh) and σωζω (I preserve), on account of its antiseptic properties. The statements of M. Teste, that the continued use of *smoked meat* destroys the teeth, and produces foul breath, costiveness, and a bad state of the body generally, coincides with the homœopathic uses of the drug.

Leading Uses.—Sympathetic and chronic vomiting; Toothache from decay of the teeth. According to M. Teste, *Kreasote* is most adapted to the ailments of delicate children.

Digestive System.—*Decay of the teeth*, and *Toothache* from that cause (compare *Mercurius*); *morbid Dentition*, especially when the teeth decay as they appear, and the patient is cachectic and troubled with Constipation (compare *Chamomilla*); mercurial salivation (as a gargle); obstinate Indigestion, with constant nausea and inclination to vomit, without actual Vomiting, with a sense of coldness in the stomach; *sympathetic Vomiting*, as in Phthisis, Cancer of the liver,

kidney-disease, Pregnancy, etc.; Diarrhœa and Dysentery, when the discharges are putrid; gastro-intestinal Inflammation; Diabetes Mellitus.

Generative System.—Foul vaginal discharges, malignant uterine Ulcerations, premature menstruation with discharge of fœtid blood, nervousness, etc.; *foul, corrosive* Leucorrhœa; persistent Morning sickness, for which, according to our experience, it is the best remedy; putrid-smelling lochial discharge.

Skin.—Syphilitic eruptions. To Burns, Scalds, Chilblains, and foul Ulcers a lotion may be applied—one drop of pure *Kreasote* to about eighty of water.

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## 63.—Lachesis—*Lachesis.*

The substance known in homœopathic therapeutics by this name is the poison of the lance-headed viper (*Trigonocephalus lachesis*). We have had very little personal experience of this medicine; but the testimony of many *confrères* in its favour is very decided.

Leading Uses.—Nervous affections of women at the climacteric period; hysterical troubles; irritable throat; some cases of chronic Constipation in females, and when there is alternate relaxation and Constipation.

*Nervous System.*—Globus Hystericus; spasmodic Stricture of the œsophagus; suffocative fits of Cough. *Circulatory System.*—Nervous Palpitation from Heart-disease, accompanied by anxious, wheezing respiration, asthmatic Cough, tendency to vomit, etc.; *flushes*, with Headache and sleeplessness; burning pains in the top of the head; pains in the back, Melancholy; etc. *Skin.*—Traumatic Gangrene, and skin and other diseases, in which, as in cases of the serpent's

bite, the blood becomes tainted by the local affection—Carbuncle, Pyæmia from Phlebitis, putrid Sore throat, Diphtheria—with prostration of the nervous energies.

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## 64.—Lycopodium Clavatum—*Wolf's-foot—Club-moss.*

We use the pollen or powder (Sporulæ Lycopodii), which in its crude state is all but inert; but Hahnemann's process of trituration renders it a potent remedy in many diseases.

Leading Uses.—Affections of the digestive, urinary, and respiratory mucous membrane, and the skin, especially when associated with mental and physical weakness, sallow complexion, loss of appetite, slow and depraved digestion, intestinal flatulence, and Constipation.

Respiratory System.—*Chronic* Catarrh, and, perhaps, Bronchitis; with *much general weakness;* chronic superficial Ulcerations in the throat, soft-palate, tonsils, and pharynx, having a tendency to spread. "Chronic Pneumonia, with purulent, foul-smelling expectoration; early stages of Phthisis Pulmonalis, when supervening on Bronchial Catarrh, with much free mucous expectoration."

Digestive System.—*Water-brash, Acidity, Heartburn;* for Water-brash, particularly in elderly persons, it may be considered almost specific. *Flatulence in the intestines,* with tympanitic distention of the abdomen; *Constipation* with torpor, sense of warmth and dryness of the bowels, and *Gravel* in the urine; Enteritis of infants, from indigestible food; chronic Congestion of the liver, with pain in the right side and back; "unconquerable sleep after dinner, followed by great exhaustion."

Urinary System.—Frequent or painful urination, the urine being cloudy, depositing a sediment, and sometimes

mixed with mucus and blood; excessive urination, disturbing the patient at night; Catarrh of the bladder; spasmodic Retention or Incontinence of urine in children; Strangury dependent on the presence of *gravel* or pus in the urine, or atony of the mucous membrane; *Gravel* (lithic acid deposits).

Skin.—Intertrigo; Porrigo favus; Plica Polonica; chronic Inflammation of the skin; sallowness; cold extremities.

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## 65.—Mercurius—*Mercury.*[1]

We have several preparations of *Mercury*, the principal of which are—*M. Solubilis Hahnemanni*, the black oxide of Mercury, first prepared by Hahnemann; *M. Vivus*, quicksilver; *M. Corrosivus*, corrosive sublimate, or bichloride of Mercury; *M. Iodatus*, or *Bin-iodatus*, iodide, or bin-iodide of Mercury; and *Cinnabaris*, red sulphuret of Mercury. The general effects of all are so similar, that we have thought it best to describe them under one signature—Mercurius. The main distinctions between different forms or combinations of the drug, are pointed out at the end of the Section, and occasionally in the paragraphs.

Leading Uses.—*Unhealthy and liquefied state of the blood*, the secretions being fœtid, the complexion sallow, the skin generally pale and dull, and the system liable to Ecchymosis, passive Hæmorrhages and effusions; *cachectic conditions of the whole nervous system*, the mind losing its power, the patient becoming irritable, with trembling, wasting, and an ill-nourished appearance; the glands enlarge and tend to suppuration or disorganisation, the mucous membranes and the skin are disposed to ulcerations, generally unhealthy, and the secretions from the former are abnormal and excessive,

[1] See *H. World*, v. ii. p. 246.

and the perspirations from the latter copious, and sour or fœtid.

*Congestions* of the head, lungs, liver, bowels, etc., accompanied by chills, and followed by *slight* fever, heat, dryness of the mouth and throat, restlessness, etc., aggravated in the evening and night. *Dropsy* of the extremities, and Ascites, when due to Jaundice, liver-disease, or general cachexia, with sallow, yellowish-greenish and cold skin, feeble and slightly hurried pulse, thick and foul-smelling urine, Constipation, and dry, light-coloured fæces. *Rheumatism,* the pains being hard aching, or crushing pains in the bones, with coldness or chilliness, followed by slight fever; local Rheumatism, chronic, or during Rheumatic fever, the parts perspiring freely without relief; Rheumatism, with profuse, sour sweats, not relieving the symptoms; sub-acute Periostitis, in cachectic patients; *Scurvy.*

The following are general indications for *Mercurius. Impoverished, pale, sallow, or unhealthy appearance; bilious or liver derangement; Offensive breath;* impaired appetite; *liability to derangements of the mucous membrane*—Cold in the head, Inflammation of the eyes, Sore throat, Dyspepsia, Diarrhœa, etc.—*from a draught of air, unfavourable change of weather, etc.;* increased susceptibility to impressions; *sensitiveness* to cold and damp, with *chilliness;* in febrile conditions, the *fever* is slight, with somewhat quickened, soft, full, and easily compressed pulse, and the precursory chills are slight; the symptoms generally are *worse* in the evening and at *night;* there is *chronic perspiration,* especially at night, or clammy sweat on the least exertion; also weariness, coldness of the extremities, *depression of spirits* or enfeebled mental power, irritability, restlessness, etc.

*Mercurius,* however, is not adapted to patients who have been previously drugged with large and long-continued doses of Mercury; *Hep.-Sulph., Ac.-Nit., Carbo.-Veg.,* or some other remedy, is then more suitable.

NERVOUS SYSTEM.—Trembling of the hands and feet, or of the body generally, in cachectic individuals, from exposure, want, etc.; Imbecility, Softening of the brain, Paralysis, Chorea, and Hydrocephalus, from previous impoverishment of the nervous system; syphilitic Paralysis; wakefulness at night, and disturbing dreams, with drowsiness by day; sleeplessness with beating at the pit of the stomach, profuse sweats, and depression of spirits.

HEAD.—*Headache from cold*, as in Catarrh, with sense of *tightness* round the head, irritation of the eyes, heaviness over the nose and in the jaw-bones, running discharge from the eyes and nose, chilliness; *rheumatic Headache*, with pains in the bones of the skull, tearing in the scalp, or sensation as if the skin were tightly drawn over the skull, pains in the forehead, hot face, cold hands, and general chilliness; *bilious Headache*, the head feeling full and tight, with sensitiveness, flushed, swollen, hot face, copious flow of saliva, Vomiting of bile, etc.

EYES.—Inflammation of the eyes from cold, with smarting and burning, agglutination of the lids, sensation as of sand in the eyes; chronic Sore eyes in unhealthy subjects; scrofulous and syphilitic Ophthalmia; Conjunctivitis, Iritis, and Retinitis; chronic Inflammation and swelling of the meibomian glands.

EARS.—Otitis, with severe pain, discharge of fœtid pus, or pus and blood, buzzing and fluttering noises, worse at night; Ear-ache, and partial Deafness, from cold, with much noise in, and muco-purulent discharge from, the ears, swelling of the glands, offensive breath, etc.

NOSE.—Swelling and inflammation of the nose, going on to suppuration or Ulceration, and discharging foul pus; formation of crusts in the nostrils; muco-purulent discharge from the nose; syphilitic Ozæna.

RESPIRATORY SYSTEM.—Cold in the head—"running-cold"

—sneezing, lachrymation, tightness of the head, and chilliness; hoarseness, with dryness of the throat; Cough, with yellow mucus or muco-pus, of a sweetish or saltish taste; dry, hacking, shaking Cough, with dryness and tightness in the chest, worse at night, relieved for a time by drinking cold water, and a sense as though the cough would be altogether relieved if the parts could be lubricated. Dr. Small states that he finds no remedy acts so promptly and satisfactorily in removing a hoarse Cough, with much tickling in the larynx, as *Merc.-Viv.* 3x. It is also excellent for the Cough of chronic Bronchitis and Consumption, with similar symptoms; expectoration of muco-purulent matter and blood, in cachectic patients, and following Scarlet fever.

Digestive System.—*Mouth, etc.*—Inflammation and Ulceration of the mouth, tongue, fauces, and tonsils, with swelling of the glands, and slight fever; Sore mouth of nursing women; Thrush; Cancrum Oris; low inflammation and swelling of the tongue; Scurvy, sponginess and bleeding of the gums; cracks at the corners of the mouth; coppery or brassy taste, or foul taste, whitish or yellowish coating on the tongue, slimy state of the mouth, and offensive breath. For sore mouth with deep painful fissures or Ulcers, *Merc.-Cor.* 3x is an excellent remedy. Salivation, simple, or in pregnant women; Mumps; swelling of glands after Scarlet fever. *Teeth.*—*Toothache*—the teeth are *loose* and feel *sore*, the gums swell and are sensitive, the pains are throbbing or jerking, *worse at night*, accompanied by *Salivation*, and often perspiration, and a general sense of *chilliness;* Gum-boils, with similar symptoms. *Throat.*—Sore throat, with *aching* pain which makes swallowing difficult, or with pain as if a sharp body were sticking in the throat, with dryness, and, occasionally, a sense as of hot vapour rising in the throat; low form of, or chronic, Sore throat, with pale or *bluish-red swelling*, great sense of dryness, hawking of tenacious glassy mucus, and tendency to

ulceration; syphilitic sore throat, with similar symptoms; sore, ulcerated, putrid, gangrenous throat of Scarlatina Anginosa, with *swelling* of the glands. *Glands.*—Swelling and induration or suppuration of the parotid, submaxillary, or sublingual glands, from cold, with soreness and heat, and sometimes Salivation; Mumps. *Stomach.*—Burning in the pit of the stomach, with soreness; oppression after food; Dyspepsia, from torpor of the liver, with bilious vomiting, Constipation, offensive urine, depositing brownish sediment; acute Gastritis. *Pancreas.*—Fulness in the left hypochondrium, with burning pain, and tenderness in the region of the pancreas, and increased secretion from the organ—frothy and watery Diarrhœa, or whitish, tough, and greenish evacuations. *Liver.*—Chronic Congestion, enlargement, and induration of the liver, with aching, dull pain, oppression, soreness, uncomfortable heat, oppressed breathing, the patient being unable to lie on the right side, and general bilious symptoms; torpid liver, deficient secretion of bile, pale, costive, and offensive motions, loss of appetite, depression of spirits; Cirrhosis; Chronic Jaundice, with Constipation, pale and dry fæces, deep-yellow urine, soft and feeble pulse; simple *Jaundice, especially in children. Bowels.*—Vitiated, coloured, slimy, offensive Diarrhœa, excoriating the anus, especially in children; watery Diarrhœa from cold, with heat and flatulence, and sensation as if the bowels were loose in the abdomen, chilliness, headache, foul taste, salivation, debility; bilious Diarrhœa, with green, dark-brown, or excoriating evacuations, distention and soreness of the bowels; watery Diarrhœa and emaciation; Diarrhœa of infants, with green motions, c like stirred eggs, flatulence, etc.; Dysentery with discharge of bloody mucus, *tenesmus* or involuntary straining, chalky sediment in urine, and preceded by chilliness, Colic, distention of abdomen, etc. For Dysentery *Merc.-Cor.* is most effectual. Inflammation of the cæcum, colon, and rectum,

with Ulceration; pains in the hip and sacrum from Hæmorrhoids (also *Æsculus*), Dysentery, etc. For *Cholera Infantum*, with frequent white, watery stools, straining, and thirst, nausea, etc., *Merc.-Dulcis*, 3x, acts best. Constipation, following bilious Diarrhœa, the fæces being dark-brown or green, lumpy, and covered with mucus; or Constipation, with an occasional attack of bilious Diarrhœa. *Anus.*—Soreness of the anus, sharp, sticking pains, with oozing of serous fluid; white Piles. Ascarides and lumbrici in patients having the characteristic cachexia indicating *Mercurius.* Peritonitis, with effusion.

Urinary System.—Nephritis, non-desquamative; Catarrh of the bladder; Albuminuria; Suppression of urine from acute Inflammation or Congestion; frequent and painful urination.

Generative System.—Inflammation of the mucous membrane of the glans penis; swelling of scrotum, with erection of penis; coldness and shrinking of the genitals; Spermatorrhœa, and Gleet, in cachectic subjects; Gonorrhœa; Chancre; syphilitic Sores, incipient buboes. Purulent and corrosive Leucorrhœa, and Prolapsus of the vagina, with heat, pain, and soreness; profuse menstruation from liquefaction of the blood, in patients presenting the *Mercurial* cachexia—general weakness and Wasting, Œdema, coldness, paleness, short breath, etc.; Sore breasts in similar patients.

Skin.—Chronic *sweating*, sour or fœtid; perspiration on the least exertion; vesicular and pustular eruptions; cracking of the hands; Porrigo of the scalp; scrofulous and syphilitic eruptions and Ulcers; Impetigo, Rupia, and other destructive conditions; nightly itching or fine biting sensations without eruption (from approaching Jaundice).

Different Preparations of Mercurius, and the Diseases to which they are specially adapted.—

*Merc.-Bin-iodatus.* — Goître; glandular swellings; also

when such swellings occur during, or follow, Scarlet fever; chronic Bronchitis in the strumous; Polypus of the nose; chronic Catarrh.

*Merc.-Corrosivus.*—Ophthalmia, Gastritis, Enteritis, Dysentery, liver-disease, Peritonitis, urinary affections, Gonorrhœa; Impetigo Capitis; some of the syphilitic eruptions.

*Merc.-Sulphuratus Ruber.—Cinnabaris.*—Chronic Gonorrhœa; Gleet, Chancre, and enlargement of the inguinal glands.

*Merc.-Sol.* and *Merc.-Vivus* are prescribed by many homœopathic physicians indifferently, as the effects of both are nearly identical throughout. It was the *Merc.-Sol.*, however, which was proved by Hahnemann.

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## 66.—Nux Vomica—*Strychnos Nux Vomica—Vomit-nut.*

This is the fruit of a tree of considerable size, indigenous to the Indian Archipelago, Southern India, Ceylon, etc. We use the seeds (*nuces vomicæ*), from which, pulverised, we prepare an intensely bitter tincture or trituration, which, like other bitters, excites an increased secretion of saliva.

Leading Uses.—*Spasmodic affections of the nervous system; Dyspepsia with Constipation;* Intermittent fever, with predominance of dyspeptic symptoms, crampy pains, etc. It is pre-eminently suited to all affections of the nervous and digestive systems due to *depression consequent on over-stimulation,* as in immoderate straining of the nervous system by the haste and worry of business, excessive study, anxiety, etc., or by the use of *alcoholic drinks, coffee,* and *other stimulants.* Hence its adaptation to the ailments of the city man of business, the sedentary, the studious, and the intemperate.

*Special Characteristics.*—Persons of spare habit, firm fibre,

energetic and irritable disposition, dark complexion, who suffer from Constipation, or uneven action of the bowels, and wake up early in the morning with Headache, and crowding of ideas, falling again into a heavy, unrefreshing sleep, are generally most benefited by *Nux Vomica*. The symptoms generally occur, or are worse, very early in the morning—two or three o'clock,—and are aggravated by food and mental exertion.

Nervous System.—*Tetanus*, without loss of consciousness; tetanic Spasms alternating with relaxation and Asphyxia; *Spasm*, pain, and *weariness*, with sensation in the joints as if bruised; trembling of the limbs as in drunkards; Epilepsy, the attacks being preceded by dizziness, and *creeping itching sensations in the face*, as from insects, which are followed by violent jerks of the arms, ending in loss of consciousness; convulsive movements excited by touch; *morbid acuteness of the senses;* Paralysis of drunkards; early stage of *Delirium Tremens;* tendency to Apoplexy; neuralgic affections of the spinal marrow, with tingling, hard aching, sticking pains, aggravated by motion or contact, restless sleep, with frightful dreams, Nightmare, mental depression, Hypochondriasis and other nervous diseases, *associated with Indigestion, or Inebriation*. According to Dr. Small, in sleeplessness of hypochondriac irritable patients, troubled with Vertigo, and easily fatigued with mental exercise, *Nux Vom.* is of great value; it quiets the nervous system and produces sleep.

Head.—Congestive Headache, worse after eating, with throbbing, giddiness, flushed face, aching as if the head would split, and stupefaction, often with nausea, Vomiting, or Constipation, and increased by coughing or stooping, and especially in strong, plethoric persons; hysteric Hemicrania; Headache following intoxication; severe Headache beginning with dazzling of the sight; luminous vibrations seen a little distance from the eyes.

Respiratory System.—"Stuffy" cold in the head; dry, racking, spasmodic Cough, causing soreness in the pit of the stomach, and aching of the head as if it would split; Cough associated with gastric or liver derangement; chronic Bronchitis of old persons, with profuse and difficult expectoration; *Spasmodic Asthma,* the muscles of the chest being rigid during the attack, the patient oppressed with anxiety, and complaining of soreness or aching under the breast-bone, the paroxysm ending in copious vomiting of phlegm; shocks and Palpitation of the heart during Asthma; Spasm of the heart.

Digestive System.—Toothache, associated with Indigestion or pregnancy; spasmodic Hiccough and difficulty of swallowing; *Dyspepsia,* the fore half of the tongue being comparatively clean and the back part coated with a deep fur; sour, foul, or bitter taste in the mouth; *Flatulence;* Heartburn; rising of a sour and bitter fluid; *Water-brash* (see also *Lyc.* and *Bry.*); "eructation of food soon after it is swallowed, without retching or straining, the food tasting much as it did when swallowed;" *Cardialgia;* oppression of the stomach after eating, with depression of the spirits; ill-humour; sense of weight or pressure in the stomach, with soreness and sensitiveness; *acute Indigestion* from indigestible food, or after intoxication, with pain, retching, and vomiting; chronic Indigestion, with crampy pains, or *Spasms of the stomach or bowels, Flatulence,* and Constipation; gnawing and sinking at the stomach; pain after the least food; aching pain in the epigastrium and hypochondrium; spasmodic vomiting and retching; morning vomiting of pregnancy; *spasmodic and flatulent Colic* (see also *Coloc.* and *Iris; Constipation,* the action of the bowels being "inharmonious and spasmodic," the patient having *frequent ineffectual urging;* spasmodic dysenteric attacks; Hernia of women and children; "Diarrhœa of infants when artificial food disagrees with them; *blind Piles* (in alternation with *Sulphur*), with con-

gestive Headache; Prolapsus, or Stricture, of the anus, with Constipation; chronic Liver-complaint, especially in aged persons.

URINARY SYSTEM.—Spasms during the passage of urinary calculi; Strangury, from chronic irritation of the lower portion of the spine; Incontinence of urine from Paralysis of the sphincters.

GENERATIVE SYSTEM.—Irritability of the male sexual organs, with emissions; spasmodic pains in the spermatic cord, with retraction of the testes. Spasmodic menstrual Colic, with premature, scanty discharge, cerebral Congestion, and chilliness, Dyspepsia, and other conditions as above; continual dribbling of the menses; *Prolapsus of the uterus and vagina; Metritis;* Leucorrhœa; *Morning-sickness.*

STRYCHNIA—*Strychnine*—the chief alkaloid of *Strychnos Nux Vomica*—is largely used by allopaths, but much less by homœopaths, since it has not so wide and varied a curative range as *Nux Vomica*, its influence being, it is believed, chiefly limited to the cord, and scarcely reaching the brain. Our use of it is almost strictly confined to the paralytic and the more violent spasmodic and tetanic (traumatic) affections cured by the drug. *Phosphate of Strychnine* is valuable in rheumatic affections of the aged, with stiff and weak muscles, and a tendency to painful Cramps.

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## 67.—Opium—*Papaver Somniferum—Poppy.*

The Poppy, and preparations from it, have been used for medical purposes from the remotest antiquity. The *Opium* we use is obtained from Turkey and Egypt. Opium-smoking and eating, when once the habit is formed, soon becomes an all-absorbing passion. Dr. Bayes says that when he resided

on the borders of Lincolnshire, he saw a great deal of the opium-eating and laudanum-drinking which is still carried on there. "The chemists in those districts sell immense quantities of Opium, in its crude state, every market-day, rolled into little sticks, in pennyworths and two-pennyworths. I have seen fen-farmers who were in the habit of buying *Laudanum* by the half-pint or even more, on every visit to their market-town. The habit is first commenced to allay the feeling of extreme lowness of spirits and bodily depression which affects the ague-stricken where Intermittent fever is fully developed." A cachectic state of the body, and derangement of most of its functions, is generally noticed in those who habitually use the drug, "and in them the slightest scratch often degenerates into a foul and ill-conditioned Ulcer" (*Waring*).

Besides its prejudicial use by adults, we would strongly condemn its employment, in the form *Paregoric* and *Laudanum*, as a means of quieting young children, in whom it produces most injurious, and very often fatal, results;[1] its use in such instances is, moreover, wholly inexcusable now that Homœopathy has introduced *Acon.*, *Bell.*, *Cham.*, *Coff.*, etc., as safe and potent means of removing, *not stifling*, the conditions which give rise to infantile troubles.

Leading Uses.—Heaviness with Headache, and great sleepiness after meals in apoplectic patients; chronic Constipation, or torpidity of the bowels.

Nervous System.—*Apoplexy*, with slow, full pulse, snoring-breathing; certain cases of *Delirium tremens; Convulsions* of children from *fright;* "acute Fevers characterised by a sopor bordering upon stupor, and by absence of any complaint; snoring with the mouth open, half-jerking of the limbs, and burning heat of the perspiring body" (*Hahnemann*); Typhus,

[1] See a paper on "Fatal Poisoning by Allopathic Medication" in the *H. World*, July, 1869.

with partial Suppression of urine, and sleepiness; unconquerable *drowsiness*, followed by *Sleeplessness*, Headache, listlessness, chilliness, etc.; stupefying, unrefreshing sleep, with snoring, half-open eyes, stertorous, irregular breathing; *Coma*, with great difficulty in arousing the patient (when slight, *Bell.* is useful); *Headache*, with heaviness, throbbing of the arteries, redness of the face, sleepiness after meals, with *contraction* of the pupils, especially in persons predisposed to Apoplexy, or who drink alcoholic liquors largely.

Digestive System.—Dyspepsia of drunkards whose digestive organs seem to have lost all tone; *obstinate Constipation*, from utter torpidity and inaction of the intestines, and "when little or no inconvenience is felt from the want of action;" *Lead-colic* and Constipation; Incarcerated Hernia.

Urinary System.—Paralytic retention of urine, especially in young children and aged persons.

Skin.—Sudden retrocession of acute eruptions, inducing brain-symptoms characteristic of the drug.

Special Characteristics.—*Torpidity* or *inactivity* stamps the whole system, both mental and physical; medicines indicated seem to be inert till *Opium* has aroused the dormant energies, and so rendered the nervous system susceptible.

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## 68.—Phosphorus—*Phosphorus.*

Phosphorus is an irritant poison, as its effects on persons employed in lucifer-match manufactories sufficiently prove; it often causes Necrosis of the lower jaw; Gum-boils; falling out of the teeth; melting away of the gums, so that the diseased jaw is seen. When the inflammation extends, the result is not unfrequently fatal.

Leading Uses.—*Organic disease of the liver; Inflammation of the lungs;* Jaundice in Yellow and other fevers, with black

vomit; *Fatty degeneration* of the heart, liver, muscles, etc.; adynamic fevers, with prostration, hiccough, cold extremities, clammy sweats in the face, and emaciation; typhoid conditions in various diseases, with parched and cracked, or blackish glazed, tongue; consequences of sexual excesses; Marasmus; disease of bone; Hectic fever.

Special Characteristics.—A pale, sickly, sallow, or bloated appearance of the face, prostration of the nervous system, pains in the joints, tendency to lung-disease, quiet lowness of spirits, and gradual wasting.

Nervous System.—Neuralgia; even severe, and otherwise intractable cases are generally benefited by it. Functional Paralysis, and Epilepsy, from debilitating causes—sexual excesses, want, etc.; progressive Spinal Paralysis, the brain being undisturbed; Hemiplegia in scrofulous aged persons, with creepings in the paralyzed parts; thick urine; weakness of children who are late in walking; Marasmus, trembling, general debility, and depression of spirits.

Head, Eyes, Ears, etc.—Arthritic Hemicrania, with swelling, inflammation, and intense painfulness of the affected part; chronic Conjunctivitis; Amaurosis, with lancinating pains through the eyeballs, and deep-seated pains in the orbits; Deafness in strumous females and children, with humming, whizzing, dryness, and occasional oosing of greenish mucus; chronic Catarrh, with inflammation of the nose, and fœtid discharge of greenish mucus.

Respiratory System.—Cough with general irritation in the chest; hacking, wasting Cough, with expectoration of rusty-coloured or greenish, and sometimes fœtid, sputa, the lungs feeling crowded and tight; Cough and chest troubles, with similar symptoms, occurring in, or following Enteric, Typhus, and other fevers; sense of heat or sharp pain during inspiration; chronic Cough, with tough reddish-brown expectoration; chronic Bronchitis, with much constitutional

disturbance, soreness of the air-passages, frothy and bloody or purulent expectoration, emaciation, Hectic, etc.; *simple Typhoid, and chronic Pneumonia,* the cough causing soreness, expectoration of mucus and blood; Broncho-Pneumonia (in alternation with *Ant.-Tart.*); Pleuro-Pneumonia (alternately with *Bry.*); Phthisis Pulmonalis, in the early stage, also during the course of the disease; it relieves Congestion, quiets the Cough, moderates Diarrhœa, etc.

Digestive System.—*Decay of teeth* in the lower jaw; especially when the caries extend to, or arise from, the jaw itself, with Inflammation of the gums; *tendency to Gum-boils;* irregularities of teething in the lower jaw, especially in scrofulous children with chronic Diarrhœa, tendency to Mesenteric disease; Cardialgia, with frequent Vomiting, sense of heat in the stomach; Diarrhœa, with straining; hunger, with emaciation, white-coated tongue, etc.; impaired digestion from sexual excesses, with great weakness; Gastro-enteritis, and disease of the stomach, ulceration, etc., involving emaciation of the patient; chronic Diarrhœa, watery or colliquative, in nervous patients and children; mild Diarrhœa of Phthisis; *diseases of the liver* in which the functions of the organ are suspended; acute Atrophy of the liver,[1] Cirrhosis, obstructive Jaundice, etc.; malignant Jaundice, burning distress in the stomach, black vomit; acute fatty degeneration of the liver;[1] chronic Jaundice.

Urinary System.—Thick, turbid, and scanty urine in

[1] It is now well known that a condition of fatty atrophy or degeneration of the liver, is produced by poisoning by *Phosphorus.* "It is most remarkable that in a very short space of time, a few hours or days," writes Dr. Habershon (*vide British Medical Journal,* Jan. 13, 1872), "not only is Jaundice produced, but the liver-cells become loaded with oil-globules." This remarkable action from Phosphorus *poisoning,* so well known to our allopathic brethren, is happily equalled by its *curative* effects in fatty degeneration of the liver, and Jaundice, now so well attested by the homœopathic profession. We have recorded a striking case of chronic Jaundice cured by this remedy in *H. World,* vol. iv. pp. 100.

typhoid conditions; high-coloured and frothy urine; fatty pellicles floating on the urine; Albuminuria; Nephritis.

Generative System.—Spermatorrhœa, emissions weakening the patient; erections with too speedy emissions; Impotence; Satyriasis. Amenorrhœa or scanty menses with pale, sallow, waxy-looking complexion, and strumous constitution; chronic Inflammation of the breasts, with fistulous openings.

Osseous System.—

"The fumes of *phosphorus* always produce Periostitis of the jaws and facial bones in animals when the periosteum has been injured; when this membrane has not been injured, the effect has only been occasionally observed. Phosphorus-vapour also acts as an irritant on the exposed periosteum of other bones, but less intensely than on the jaws. *Phosphorus*, given internally in pills, or in the form of *phosphoric acid*, affects the bones generally; but the results vary according as the animal is growing or full-grown. In growing animals new bone is deposited in much thicker masses than in the normal state. . . . When the bones have been artificially injured by fracture or resection, the effect of the internal administration of *phosphorus* is to produce a richer and thicker deposit of new bone, presenting, especially after fracture, the characters of ivory. This effect on osteoplasis is produced by the daily use of doses so small as not to produce any toxic results, even though long-continued."—*Herr George Wegener, from British Medical Journal, June 15th*, 1872.

Skin.—Diseases of the skin in the neighbourhood of the lower jaw; fistulous Ulcers, with fever; Chilblains, from which a fœtid watery secretion exudes, in scrofulous females.

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## 69.—Phytolacca Decandra—*Poke-weed.*[1]

Poke-weed is another of the new American remedies. The roots, leaves, and berries are the parts used in medicine.

Leading Uses.—Affections of the throat; Abscess, Fistula,

[1] See *H. World*, v. vi. p. 119.

and irritability of the mammary gland; chronic Rheumatism. There is a remarkable similarity between the effects of *Phytolacca, and Kali Hydriodicum, Mercurius,* and *Mezereum.*

HEAD, NOSE, ETC.—*Dull, heavy Headache* in the *forehead,* vertex, and occiput, with yawning; syphilitic headache; acute Coryza; Ozæna, and syphilitic Ulceration of the nose.

RESPIRATORY SYSTEM.—*Hoarseness* and *Aphonia,*[1] with great dryness, and sense as of a lump in the throat; Cough, day and night, with feeling as of an ulcerated spot in the windpipe above the breast-bone; incipient catarrhal affections of the throat. In these, and diphtheritic affections, we have repeatedly found it of the greatest value administered by *inhalation,* or as a wash or gargle—twenty-five drops of the tincture to a quarter of a pint of water. *Diphtheria,* and *diphtheritic Inflammation* of the throat commencing with roughness or rawness of the throat, choking sensation from swelling of the soft palate and tonsils, and fiery redness of the *velum palati.* "In short," writes Dr. Small, "let it be said that in cold weather, when diphtheritic Inflammations are liable to prevail, *Phyto.* (3x or 6x) may be recommended in almost every case of incipient dryness or soreness of the throat that may result in Diphtheria."[2]

DIGESTIVE SYSTEM.—Mercurial ptyalism and pains in the teeth; Toothache, with Inflammation of the gums and mouth; difficult Dentition; darkish-red inflammation of the fauces, swelling of the tonsils, with superficial Ulcers, and thick white mucus; Scarlatina Anginosa with glandular enlargements, ulcerated throat, hoarseness, etc. Vomiting, coming on very slowly, preceded by nausea, prostration, yawning, etc.; soreness and pain in the hypochondrium during pregnancy; *Constipation* in the aged, or in feeble persons, with weak, intermittent heart's-action, and relaxed muscular frame;

[1] See *H. World,* v. ii. p. 89.

[2] From *United States Med. and Surg. Journal,* January, 1872.]

Ulceration of the rectum; Fissure and Prolapsus of the Anus; etc.

URINARY SYSTEM.—Urine diminished, afterwards increased, and becoming albuminous; Albuminuria, as in Scarlet fever, Diphtheria, etc.

GENERATIVE SYSTEM.—Loss of sexual desire, relaxation of the genitals, and Impotence; obstinate Gonorrhœa and Gleet; secondary and tertiary Syphilis; nightly pains in the tibia, with Nodes. Metrorrhagia; excoriated or cracked nipples; Inflammation, swelling, hardness, or morbid sensitiveness of the breasts;[1] *Mammary abscess and fistulous openings of the breast;*[2] morbid sensitiveness and tenderness of the breasts during menstruation or suckling. In Mammary Abscess, cracked nipples, etc., it should be used as a *lotion* as well as administered internally.

SKIN, ETC. (*internal and external use*).—*Boils*, for which a professional correspondent states it to be specific; *chronic Ulcers* and eruptions; Tinea Capitis; Whitlow, Felon, and chronic syphilitic cutaneous diseases.

RHEUMATIC AFFECTIONS.—*Chronic Rheumatism*, with heavy aching and coldness in the affected limb, the pain being worse in warmth and in damp weather, with co-existing glandular enlargements; joints swollen, tender, red, and shining, with extreme pain on movement, worse at night; Rheumatism of the hip-joint; Stiff-neck; Lumbago; and rheumatic and neuralgic affections of the lower extremities.

[1] Poke-weed is in constant use in the dairies of America, to disperse "caking" or inflammatory enlargements of the udders, and to regulate abnormalities in the milk of cows; and it has been most successfully used in the human female, even after suppuration of the gland has set in and sinuses have formed.

[2] See *H. World*, v. iv. p. 260; v. v. p. 66.

## 70.—Platina—*Platinum.*

After being purified, we make triturations of this substance.

Leading Uses.—Nervous affections, with depression, apprehensiveness, and uterine derangement. It holds a similar place in the treatment of ovarian disease to *Aurum* in affections of the testicle.

*Nervous System.—Depression of spirits and Melancholy* even to the fear of death, with anguish about the heart; Neuralgia with numbness; Hysteria; sleeplessness from nervous excitement; religious Melancholy. It is especially suited to dark-complexioned females, of spare habit, liable to neuralgic Headaches, and profuse or premature menstruation, or watery Leucorrhœa. *Digestive System.*—Flatulence and Constipation. *Generative System.*—Chronic Congestion of the ovaries; Induration and Prolapsus of the womb; Condylomata; Metrorrhagia, with sensation as of *something alive in the abdomen.*

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## 71.—Plumbum—*Lead.*

We use the metal itself—*P. Metallicum;* the Carbonate—*P. Carbonicum;* or the Acetate—*P. Aceticum;* their actions being similar.

Leading Uses.—*Chronic dull Headache,* with depressed spirits, weeping mood, tendency to Paralysis, and Constipation; *blue margins on the gums,* with sponginess and shrinking, as in some cases of *Phthisis;* wasting of the body similar to that caused by lead-poisoning, with Palsy, Epilepsy, Neuralgia, or Anæsthesia; *Melancholy; obstinate Constipation,* the fæces being dry, *shaped like balls,* and when there is spasmodic constriction of the sphincter ani; *Colic,* relieved by pressure on the abdomen, with Constipation, like Lead-colic; Granular degeneration of the Kidney.

*Lead-colic*[1] or *Painter's-colic* is best treated by *Opi.*, *Alum.*, or *Plat.*, according to the symptoms.

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## 72.—Podophyllum Peltatum—*May Apple—Mandrake.*

This plant, of the genus *Mandragora*, has been supposed to be the same as that of which we read in the Scriptures as the mandrake. Its fruit, which is round and yellow, like a small orange, is very fragrant and luscious, and is eaten in the East by women desirous of offspring. Among the Cherokee Indians the root is used to expel worms; and all Indian tribes are fond of the fruit. The tuberous root is the officinal portion.

Leading Uses.—This drug may almost be regarded as a *polychrest*, for its range of action is very extensive. It very powerfully irritates the *mucous tissues* and their *associated glands*, especially those of the digestive tract; it is therefore homœopathic to Enteritis, Gastritis, and occasionally to Bronchitis and Urethritis. In connection with the glandular system it is a close analogue of *Mercury*, *Iodine*, *Iris*, etc. "When taken up into the circulation, it is eliminated by the glands, and is thus rendered capable of causing irritation, inflammation, and even suppuration of almost any glandular organ or structure" (*Hale*).

Circulatory System.—Slow, or scarcely perceptible, pulse; chilliness, followed by fever and disturbed sleep. It is well adapted to a depressed state of the heart and arteries, and to a low tone of the vital energies of the whole system. Here it is similar to *Veratrum*.

Fevers.—In Bilious fever it acts very favourably, and in Typhus and Enteric fevers it is often indicated, especially

[1] See Section 161.

when Peyer's glands are inflamed. The drowsiness by day and the restlessness by night which attend "bilious attacks," and often precede various fevers, point to *Podophyllum*. In intermittents it is not of much value; though for febrile symptoms which tend to recur in the *morning*, and are therefore remittent in their character, it may be found useful.

Digestive System.—The action on the mouth is specific and noteworthy. In toxical doses it produces *Salivation*; hence it is homœopathic to that condition, even when it has been produced by the action of Mercury. It has also been known to cure nursing-Sore-mouth, Canker in the mouth, etc. *The Liver*.—Dr. Hale believes it to be a direct stimulant of the liver, and homœopathic to acute irritation, congestion, and inflammation of that organ, bilious Diarrhœa, and hepatic pains. He considers, however, that the dose in these disorders is of great importance, and lays down the following rules:—"(1) For the primary (acute) conditions, similar to those caused by large does of *Podophyllum*, the highest and middle attenuations. (2) For symptoms and conditions (chronic) simulating the secondary effects, the lower attenuations. (3) In a few cases, as in retention of the bile from obstruction of the gall-duct, or in cases of gall-stones, we must have the direct mechanical effects of *Podoph*. In such cases, crude doses are not required."

*Podophyllum* is secondarily indicated in the Diarrhœa which is accompanied by complete Jaundice, and that which *alternates* with Constipation; also where the stools, though natural, are too frequent. Colitis, Dysentery, especially with *Prolapsus Ani*, Cholera, Piles, and other inflammatory diseases of the intestinal tract, require this remedy.

Of late years, the drug has acquired a well-established repute among allopaths as a purgative. Indeed, from the character of the motions produced by it, it has been called "vegetable mercury." Allopaths are somewhat divided as

to its action; but where small doses have been administered, its real value has been discovered. "I know of no other substance," writes Dr. Gardner, "which so certainly produces bilious evacuations when the liver is full of bile. Whenever I have deemed it desirable to evacuate or stimulate the liver, as in Bronchitis, fever, headache, etc., I have used this medicine with highly-satisfactory results." "In very small doses," Dr. Ramskill says, "it will procure an abundant flow of bile, and often induce its discharge by vomiting, before, or even without, purging."

Dr. Ringer recommends it in the obstinate Constipation which often follows an attack of Diarrhœa in hand-fed infants, when "the motions are very hard, crumble when broken, and of a clay colour, often mottled with green." The motions become natural in consistence and colour, the flatulent distention of the abdomen subsides, the child becomes quieter, and the health improves. Dr. Andrew Clarke values it highly in Constipation, which it relieves safely, easily, naturally, and effectually. His experience shows the propriety of diminishing, not increasing, the dose.

According to Rankin's abstract, it has been found by the American allopaths to be of great value, when administered in small doses, as a de-obstruent in Scrofula, Rheumatism, Syphilis, and other chronic diseases. But, on the other hand, when incautiously used and administered in large doses, it has produced an immense amount of injury.

Genito-Urinary System.—Primarily, it cures involuntary urination; secondarily, Suppression and scantiness of urine. *Prolapsus Uteri*, associated with the rectal symptoms for which the drug is homœopathic.

*Podophyllum* is now considerably used by practitioners of both schools, and allopaths are beginning to discriminate between primary and secondary effects; and thus making some approach towards the recognition of homœopathicity.

## 73.—Pulsatilla Nigricans—*Wind-flower—Meadow Anemone—Pasque-flower.*

This perennial flower is indigenous to elevated places in the greater part of Europe, where the soil is dry and sandy, and the situation exposed. It is called "wind-flower," because generally found in an exposed situation.

Leading Uses.—The main spheres of action of *Pulsatilla* are the *mucous membrane* of the *digestive canal*, the *sexual organs*, the *eyes* and *ears;* it also exercises great influence upon the *veins.*

Special Characteristics.—*Puls.* is especially suited to the ailments of the female sex, and to persons of a gentle, good-naturedly mischievous disposition, easily excited to laughter or weeping, having pale face, blue eyes, blond hair, freckles, and a tendency to Leucorrhœa or other kinds of Blenorrhœa, with an inclination to a deposit of fat under the skin, and a tendency to shed tears when the patient is describing her sufferings. There is absence of thirst, frequent chilliness, and the pains are worse with warmth and during rest, but abate in the open air, or during moderate exercise.

Rheumatism.—Here it is only indicated when the symptoms are sub-acute, with swelling of the affected (chiefly the small) joints, and but little inflammatory redness, and when the pains wander from one part to another, with the characteristic Dyspepsia; Rheumatic Gout in females, with irregularities of menstruation.

Measles, etc.—In *Measles, Chicken-pox, Remittent fever,* (also *Gels.*), and other diseases of children, it helps to clean the tongue, moderates Catarrh, and checks Diarrhœa. In uncomplicated *Measles* it is almost a specific, and is especially valuable after the fever has been modified by *Aconite. Puls.* is also preventive of Measles; or administered during the disease, it tends to prevent sequelæ.

HEAD.—Gastric Headache, from rich, fatty, indigestible food, severe pain on one side behind the ear, as if a nail were driven in; Headache on the left side; nervous or sick Headaches (also *Iris*), particularly in hysteric females, or connected with the menses; Hysteria, or dejection of spirits, from milk- or menstrual-suppression.

EYES, EARS, ETC.—*Styes;* sub-acute Inflammation of the lining membrane of the eyelids, with profuse lachrymation, agglutination, etc., in persons of the temperament described; Ophthalmia following Measles; twitching of the eyelids, with dazzling of the sight; weak eyes from local rather than from constitutional disorders. Ear-ache of children, with passive purulent discharge; noises in the ear or recent Deafness, following Catarrh or Measles. Lost or perverted smell.

CIRCULATORY SYSTEM.—Varicose veins of the legs (also *Ham.*), and embarrassed venous circulation generally, especially in females, and when caused by pressure from pregnancy; Phlebitis in the leg; embarrassed venous circulation in the hands (internal and external use).

RESPIRATORY SYSTEM.—Catarrhal affections of the air-passages, with loss of taste or smell; excessive expectoration of mucus in old cases of Bronchitis; "mild Hæmoptysis in Bronchitis, marked by expectoration of mucus having a fœtid taste and small;" bronchial relaxation after Hooping-cough.

DIGESTIVE SYSTEM.—Viscid, whitish mucus, thickly covering the tongue; bitter, sour, or foul taste; diminished or altered taste, with the *Puls.* characteristics. Dyspepsia, Colic, or Diarrhœa from the use of pork, pastry, or other fat, rich diet; eructations tasting of food; Vomiting of mucus or bile; Heartburn; a feeling of distention after a meal, necessitating the loosening of the dress; passive venous congestion of the abdomen. Mucous Diarrhœa with sensitiveness of the abdomen, especially from rich, indigestible food, or occurring at night.

Genito-Urinary System.—Chronic Catarrh of the bladder; difficulty of passing water during pregnancy. Orchitis: Prostatitis (also *Thuja*); Hydrocele; etc. *Pains in the left side* (see also *Cimicifuga*) in females, between the hip and the lower margin of the ribs or a little above, associated with some derangement of the monthly period; passive Congestion of the uterus; uterine irregularities—delayed, suppressed, pale, or watery menses; passive, milky Leucorrhœa; false, delayed, or deficient labour-pains (*Secale*); retained *placenta;* excessive after-pains; Suppression of the lochia; painful tension of the breasts, and a deficient secretion of milk. Administered some time previously to labour, it facilitates that process. We have for some years prescribed this or some other remedy, according to the nature of each case, during the latter months of pregnancy, with the happiest results, and have had too many evidences of its value to admit of the supposition that they were mere coincidences.

Skin.—Itching or burning of the skin, with nervous or menstrual disorders; eruption resembling that of Measles; varicose, readily-bleeding Ulcers.

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## 74.—Rhus Toxicodendron—*Poison-oak—Sumach.*

This shrub is indigenous to North America and some other parts of the world; it abounds on the borders of rivers, or in marshy districts, growing very tall in a congenial soil. We make a tincture from the leaves. Fresh preparations are best, as the tincture deteriorates by long keeping.

Leading Uses.—Rheumatic complaints, skin affections, and strains of the joints, or of the membranes investing the joints. An interesting case of poisoning by *Rhus* in a man who went to gather the shoots for a homœopathic chemist in Scotland, with a remarkably corresponding case of cure by

the same drug, will be found in the *H. World*, vol. iv., p. 149.

Rheumatism.—Sub-acute and *Chronic Rheumatism* and *Lumbago, rheumatic Sciatica*, and *rheumatic stiffness* and *lameness*,[1] chiefly from getting wet, or taking cold when the body is in a state of perspiration or excitement. Its action is chiefly expended upon the tendons, fasciæ, sheaths of nerves, etc. Hughes thinks it does not control the rheumatic affections of the synovial membranes, but only those of the ligaments external to the capsules of the joints; also that it does not act upon the nerves themselves, but upon their fibrous sheaths. The indications for the use of *Rhus* in this class of diseases, as also in *Strains*, are: *Increase of pain during rest*, at night when warm in bed, on *first moving* the parts, and on *waking up* in the morning; *the pains are relieved* by continued gentle movement, flexion of the limbs, and dry heat. Indeed, these indications are valid in some other conditions, not rheumatic; and some physicians give *Rhus* in any affection in which these symptoms are present. Moreover, the *right side* of the body is chiefly acted upon by *Rhus*.

Paralytic Affections.—*Paralysis* of a *rheumatic* character, with sprain-like pains in the joints and occasional sensations of numbness; paralysis of the lower limbs (*Paraplegia*) in young persons and children, from cold—sitting on cold stones, standing in the wet, etc.—with great pain in the paralyzed parts; Paralysis of the feet, as from a fall on the back.

Fevers.—In fevers of a typhoid character, *Rhus* is now generally superseded by *Baptisia;* but when rheumatic symptoms develop themselves during Enteric, Scarlet, or other

[1] Many instances of cure illustrative of the kind of cases to which *Rhus* is suitable, and in which the special indications are well marked, may be found in the *H. World*, vol. iii., pp. 188–9.

fevers, *Rhus* is a prime remedy; also when the fever-patient is continually moving himself for change of posture as a means of relieving the aching of his back and limbs.

Head, Eyes, etc.—Rheumatic or arthritic Hemicrania, the brain seeming to shake in the skull, with burning pains, and swelling of the head and face. *Scrofulous Ophthalmia*, with burning pains in the eyes, lachrymation, intolerance of light, swelling and inflammation of the lids. *Vesicular Erysipelas* of the nose and face.

Respiratory System.—Cough, as in the bronchial Cough of old persons, coming on when first waking or on first moving about, accompanied by the expectoration of small plugs of tough mucus.

Digestive System.—Dyspepsia, with a flow of water, dryness of the mouth, capricious or lost appetite, pressure in the stomach, and sense as if it were swollen; Diarrhœa of a typhoid character, or Diarrhœa ushering in or accompanying the early stage of fever, the evacuations being mixed with jelly-like mucus, blood, etc.

Skin.—*Vesicular Erysipelas*, and Erythema, with much burning and itching: for these affections *Rhus* is one of the *best* remedies; *Shingles* (Herpes Zoster); Eczema, especially of the palms of the hands; Erythema Nodosum; Tinea Capitis, with fœtid yellow matter under the scabs; superficial Burns. In susceptible persons, contact with the shrub produces an erythematous and vesicular eruption, with itching and burning, going on to more severe results.

External Use.—(See Formulæ following the "Clinical Directory.")—*Rhus* is an efficacious remedy as an external application in Sprains, injuries to ligaments, tendons, etc., especially when the indications above pointed out are present. The injuries generally arise from mis-steps, twists, efforts made in an unusual posture, etc. It bears the same relation to a strain that *Arn.* does to a bruise. Extensive

*superficial Burns*, the *Stings* of insects, old Chilblains, and sometimes Warts, are relieved or cured by the use of *Rhus*, given internally and used externally. In skin diseases intolerable *burning and itching* are special indications for its use.

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## 75.—Ruta Graveolens—*Garden-rue.*

Leading Uses.—Rheumatism, and Strains of the *wrist* and *ankle; bruised* pains in the bones, joints, and cartilages, worse during rest; laming pain in the *tendo-achillis; Ganglion; Bunion. Eyes.—Weakness of sight from over-exertion of the eyes*, as in reading or sewing. *Digestive System.*—Aching, gnawing Gastralgia; Worms in children, with vomiting and Colic. *Generative Organs.*—Menorrhagia, with hysteric spasms and head symptoms.

External Use.—As a lotion to *bruises* instead of *Arnica*, when the latter remedy produces Erysipelas in the patient, and when the Contusion is more of *bone* than of soft parts. It also assists in the uniting of fracture when that process goes on tardily. For Formulæ, see Section following "Clinical Directory."

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## 76.—Sabina—*Savin.*

We prepare a tincture, using rectified spirit, from the fresh leaves and points of shoots of cultivated plants.

Leading Uses.—In *Menorrhagia* we prescribe this drug with great confidence, when the discharge is *bright red;* also to check profuse Hæmorrhage after parturition or miscarriage. In these cases, the occurrence of bladder or rectal irritation is an additional indication for *Sabina.* Even in *threatened* miscarriage, in the third or fourth month, with

heat and soreness, this remedy is often successful. The drug is also given in *Leucorrhœa* when it is vicarious of menstruation; and for *Dysuria.*

Further, *Sabina* is sometimes prescribed for recent rheumatic or neuralgic pains, and Rheumatic-Gout. But for these symptoms we have had no experience in the use of this remedy.

*Sabina and Crocus.*—The hæmorrhages curable by these remedies differ in their colour and consistence; those of the former are *bright-red* and *fluid,* but those of the latter are *dark* and *clotted.*

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## 77.—Secale Cornutum—*Ergot—Ergot of Rye—Spurred Rye.*

A tincture is prepared from the freshly-gathered Ergot collected before the rye is harvested.

Leading Uses.—With one or two exceptions, *Secale* is exclusively prescribed in this Manual as a *uterine* remedy, especially in *Menstrual Colic* and *Dysmenorrhœa,*[1] with labour-

[1] Secale in Dysmenorrhœa.—

The annexed case from the author's note-book shows the conditions in which *Secale* may be prescribed with excellent results.

Mrs. E., æt. 47, consulted him for painful and profuse monthly period. She describes the pains as labour-like and agonising just as the menses are coming on; the discharge is pale at first, and comes away in little pieces, which cause real agony; afterwards it is dark, and passes freely; but at present it is green and fœtid. Often she has Leucorrhœa just before the monthly discharge, and this seems to weaken her more than menstruation. She also has a painful swollen vein in the calf of the leg, which begins to enlarge a week before, and at the period is as large as an egg, quite black, and excessively painful. He prescribed—

Secale ℘, guttæ xx. aq. ℥ iv.

A dessert-spoonful of the mixture thrice daily.

In a few days she reported entire cessation of the pain under the use of the

like pains in the back, pressure on the bladder, etc., preceding the discharge ; *Miscarriage ; Spasmodic* labour-pains, and exhausting, unremitting after-pains. *Caulophyllum* influences the uterus in a manner similar to *Secale.*

Dr. E. M. Hale makes the following statements respecting the action of the drug :—

"1. *Secale has no curative action with which we are yet acquainted, upon the virgin uterus, or upon the uterus undeveloped by normal or abnormal processes. But whenever the uterine muscular fibre is normally or abnormally hypertrophied, then may Secale be indicated.*

"2. *The primary action of Secale on the healthy uterus is to induce a condition of congestion, and so irritate the muscular tissue and its nervous supply, as to cause that tissue to become abnormally developed.*"

And the diseases simulated are, merely, "acute and recent irritations of the uterus occurring in previously healthy persons, but of a constitutionally lax and irritable temperament. Hæmorrhage of bright-red blood, generally clotted, flowing intermittently, with heavy, passive and remittent, or spasmodic, expulsive and intermittent pain. The pulse is hard and quick ; there is Headache, and fulness in the head. The uterus is always *larger than natural,* its tissues hypertrophied, but *not* relaxed or flabby."

"3. *The secondary action of Secale is a condition of passive Congestion, passive Hæmorrhage, a cachectic or atonic condition, and a paralysis of the motor and sensory nerves of the uterus.* It is indicated when Hæmorrhage occurs in feeble, cachectic

remedy ; the painful swelling of the calf subsided, and her digestion, appetite, etc., correspondingly improved.

She continued under treatment for several months, but had no return of the painful symptoms.

*Secale* was the only remedy prescribed, except *Nux V.*, which was given for the consentaneous dyspeptic symptoms.

women, made so from some dyscrasia of the system. There may be general coldness while the patient feels warm, and does not wish to be covered. The pulse indicates feverishness; the Hæmorrhage is passive, dark-coloured, and continuous, seldom clotted, sometimes offensive, and the slightest motion aggravates the flow. Cramps in the legs, jerking in the muscles, and melancholic depression."

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## 78.—Sepia Succus—*Inky Juice of the Cuttle-fish.*

The Sepiæ are molluscæ of the seas. In the abdominal cavity is a sac containing a dark-brown juicy substance, with which the animal darkens the water to elude an enemy, or to capture prey. This liquid, dried, is inert when crude; but powerful properties are developed by trituration.

Leading Uses.—*Chronic* functional diseases of women.

*Head.*—Periodic congestive Headache, with sticking, heavy pain, and sometimes nausea and Vomiting; Hysteria; flushes of heat. *Respiratory System.* — Cough, with greyish-white and salty expectoration; some catarrhal affections of the air-tubes. *Digestive System.*—Constipation, Prolapsus, and hæmorrhoidal fulness, associated with uterine derangements. *Generative System.—Scanty Menstruation, Leucorrhœa,* and Menorrhagia, from venous congestion; *Amenorrhœa,* with gastric derangement, weariness, and Palpitation; Retroversion, etc., of the uterus; sub-acute stage of Gonorrhœa in females. *Skin.*—Itching pimples, producing a roughness and cracking of the skin, principally affecting the joints; perspiration under the arms and on the soles of the feet, having a peculiar smell, in nervous women; Ringworm.

Characteristics.—*Sepia* is best adapted to anæmic and cachectic women of delicate organisation, torpid functional

action, who are liable to skin-affections, sensitive to cold air, apt to be chilly, suffer from uterine derangement, mental depression and physical exhaustion, are of mild disposition, and inclined to melancholy and tears.

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## 79.—Silicea—*Siliceous Earth—Flint.*

*Silicea* is insoluble in water, acids, and nearly all liquids; hence it is of no service to the physician till trituration has developed its great latent curative virtues.

Leading Uses.—Disorders, generally chronic and organic rather than functional, affecting the cellular, mucous, lymphatic, and osseous systems. In its influence over suppuration—promoting when necessary, and controlling when excessive—*Silicea* is probably second to no other remedy. Teste thinks it is especially suited to fat persons, of a lymphatic-sanguine temperament.

*General System.*—Sweat about the head only, and general tenderness of the surface—symptoms of *Rickets;* Hahnemann mentions sweat about the head as an indication for the drug. Phthisis Pulmonalis and chronic Bronchitis, with very profuse expectoration, Hectic fever, etc. *Digestive System.*—Decay of the teeth, and Toothache from that source, the pain being increased by warm food, and by inhalation of cold air, and is most violent at night. *Glandular System.*—Cachectic conditions in which the glands not only enlarge, but go on to *slow, torpid suppuration. Osseous System.*—Caries and exfoliation of bone; Tabes Dorsalis. *Cellular System.*—Enlargement and *White-swelling* of joints; Enchondroma; Ganglia; Housemaid's knee; *Whitlow* (probably the best remedy); *scrofulous Abscesses and Ulcers,* spongy and readily bleeding, or torpid, with callous edges, and secreting

unhealthy pus. *Skin.*—Eruptions from a *diseased condition of the sebaceous follicles,* characterised by a secretion of yellowish lymph, forming incrustations; Impetigo Capitis; suppressed, or excessive, *perspiration of feet;* etc.

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## 80.—Spigelia Anthelmia—*Animal Worm-grass—Pink-root.*

This plant is a native of the West Indies and South America. We make a tincture from the dried herb.

Leading Uses.—Rheumatic affections of the heart; neuralgic Headache, involving the eyes and teeth; and some worm-affections.

*Eyes.*—Severe pain in and around the eyes, extending deep into the socket, with great sensitiveness to light; severe Photophobia from ciliary nervous irritation; Conjunctivitis and Iritis in children of a strumous diathesis. *Face, Teeth, etc.*—Darting, stabbing, or lacerating pains in the face, with similar pains in the heart. *Tooth-ache* or *Face-ache with Palpitation;* similar pains down the arms; neuralgic Hemicrania, the pain being increased by motion, noise, and stooping; Neuralgia of the *trigemini* in cold damp weather. *Circulatory System.—Rheumatic Inflammation* of the heart,[1] either simple, or as a complication of acute Rheumatism; chronic rheumatic affections of the heart, with violent action of the heart, irregular pulse; Angina Pectoris. *Digestive System.—Worm-affections,* with Vertigo, forgetfulness, de-

[1] In a case of Cardiac Inflammation which occurred recently in our own practice, the patient being an old man who was intensely Rheumatic, *Spigelia* acted with marvellous rapidity and curative power, after recovery had been despaired of. The violent "thumping," painful oppression, Dyspnœa, etc., declined most satisfactorily, and the patient, a Bath-chair-man, now follows his usual out-door occupation.

pressed spirits, Palpitation, *pinching* Colic, itching at the anus, Enuresis, and lassitude.

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## 81.—Spongia Marina Tosta—*Roasted Sponge.*

This medicinal product is obtained by roasting the best Turkey sponge. *Iodine* is a considerable ingredient in the composition of *Spongia;* nevertheless, the two remedies may not be used indiscriminately; for the former has a much wider range of action.

Leading Uses.—Affections of the larynx, trachea, testes, and ovaries. *Respiratory System.*—Dryness of the larynx; with *dry, hard, barking Cough,*[1] worse at night, and excited by a tickling and burning sensation; *Hoarseness,* with dry Cough, and obstructed breathing; *Laryngitis;* laryngeal Phthisis; *catarrhal Croup* (in alternation with *Acon.*); painful, dry, hoarse, and Croupy Cough, such as frequently precedes, or follows, Croup; Bronchocele and *goitrous enlargements* in children and young girls not requiring *Iodium. Generative System.*—Orchitis, and *Orchiocele,* the swelling being painful, and aching much, especially when unsupported; Menorrhagia in scrofulous females; etc.

[1] The following proof of the value of *Spongia* may be interesting to our readers. While in the house of a patient at Folkestone, we were distressed by hearing the dry, hard, hoarse, laryngeal cough of a favourite dog. We asked the lady, who was a clever non-professional prescriber, if she had given any remedy to cure the dog's cough. As she had not, we prescribed *Spongia,* having often found this remedy most useful in similar coughs affecting human patients. We had the 1x dil. in our pocket-case, and made a mixture for the dog at once. The animal had suffered from the cold for many weeks, and the paroxysms were frequent and distressing. Ten days later we were informed that the dog never coughed again after the second dose of the mixture; and three months later it was reported well and free from cough. Other similar cases have since occurred.

## 82.—Staphysagria—*Stave's-acre—Palmated Larkspur.*

We make a tincture from the seeds of this plant.

Leading Uses. — *Nervous System.* — Nervous Headache, with constrictive, boring, or pressive pains in the forehead, and acute stitches in the temples; Neuralgia of the face and forehead, on both sides; neuralgic pains of the shoulder-joints and arms. *Eyes.*—Smarting pains in the eyes, coming on in the evening; some ophthalmic conditions; Hordeolum, to prevent recurrence. *Digestive System.—Toothache from decayed teeth* or stumps, aggravated by cold air, cold drinks, or eating; the teeth rapidly decay, become black, exfoliate, and the gums easily bleed. *Genito-Urinary System.*—Irritability and Catarrh of the bladder; *Nocturnal Emissions* with sexual excitement; drawing sensation in the spermatic cord, and aching pain in the testes from walking; Impotence.

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## 83.—Stramonium—*Thorn-Apple.*

A dark greenish-brown tincture is made from the fresh plant when in flower and fruit, or a yellowish one from the seeds.

Leading Uses.—Affections of the brain and nervous system. It resembles the action of *Bell.*, but while the Congestion to the head is less, the Delirium is more ferocious.

*Nervous System.*—Dementia, especially of drunkards and epileptics; acute Mania, and Delirium tremens.[1] It frequently removes the raving excitement, inducing sleep, from which the patient awakes quite rational. In Epilepsy and Chorea it is one of the best vegetable medicines, but often requires, in chronic cases, to be supplemented by one of the mineral remedies—*Zinc.*, *Cup.*, etc. Stammering and stutter-

[1] See cases by Dr. Dalziel in *H. World*, v. vi. p. 7.

ing, local forms of Chorea, may, according to Teste, be greatly benefited by a prolonged use of *Stram.* *Respiratory System.*—Spasmodic Asthma. For this affection it is recommended to smoke *Stramonium*, and to draw the fumes into the lungs. *Generative System.*—Nymphomania; and Puerperal Mania.

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## 84.—Sulphur—*Sulphur—Brimstone.*

*Sulphur* is a constituent element of various organic substances, as the albumen of eggs, etc.; it is found in some plants, but most abundantly in minerals and mineral waters. The substance is of a pale yellow colour, is insipid, inodorous, insoluble in water, slightly soluble in alcohol, but more freely soluble in ether. We make a trituration from the washed *Flowers of Sulphur;* also an alcoholic tincture which contains about one per cent. of the drug.

Leading Uses.—*Diseases of the skin and mucous membrane;* affections resulting from *constitutional cachexia—Scrofula*, etc.; complications arising from the *non-development* or *retrocession of eruptive diseases*,[1] ill-health of children and others without definite disease, especially where associated with alternate Constipation and fœtid Diarrhœa.

*Sulphur* is very valuable (1) in *commencing the treatment* of many *chronic diseases;* (2) as an *intercurrent remedy*, during a course of treatment, as of scrofulous diseases of the joints, chronic Hydrocephalus, glandular enlargements, chronic Gout and Rheumatism, Phthisis, etc.; (3) when the organism fails to respond to the action of other remedies which are homœopathic to the condition: a dose or two of *Sulphur* will often arouse the dormant energies, and render the

[1] On this point Mr. Nankivell thus writes us: "It is most valuable when the exanthem does not readily appear; I have noticed its brilliant effects in the incipient stage of Small-pox, when the head was severely affected with intense pain, and in a state threatening Coma."

system susceptible to the medicines indicated; and (4) *after acute disease* in any organ. "When the part is left gorged with venous blood, and the arterial blood has not recovered its due balance, *Sulphur completes the cure.*" In all deep-seated chronic maladies it is of essential service, either as the main remedy, or as an adjunct to others. "Curiously enough, however," remarks Dr. Hughes, "*Sulphur* rarely cures alone. If it be continued above a week or two, the progress made towards cure is generally arrested, and even becomes retrograde, and some other medicine must complete the cure." These remarks we have often verified.

Nervous System.—Neuralgic shooting-pains, chronic Headache, trembling weakness, rigidity of the joints, etc.—arising from repelled cutaneous disease; hot flushes down the spinal column; Nightmare with Palpitation, in cachectic persons; etc.

Head.—Chronic Headache, with Congestion—aching fulness, and Vertigo. Cerebral Congestion, or Vertigo, from *suppressed Piles.* The Harrogate waters, if drunk injudiciously, are said to be capable of bringing on Apoplexy: hence the homœopathicity of *Sulphur* to some cases of chronic congestive Headache; "excess of venosity," and consequent diseases. Chronic Hydrocephalus.

Eyes.—*Scrofulous Ophthalmia,* with superficial Corneitis, the pinkish zone well marked around the edge of the cornea, and Photophobia (*Merc., Spig.*)—*Angell.* Scurfiness of the eyelids; Stye; chronic Sore eyelids, with itching and smarting, in unhealthy persons.

Ears.—Sores behind and about the ears, with itching; partial deafness, with roaring noises, and sweating or moisture and frequent itching in the ears.

Face and Nose.—Pimples on the face—*Acne* (int. and ext. use). Acute Nasitis; erysipelatoid and chronic Inflammation of the nose, with swelling and illusions of smell.

Circulatory System.—Increased pulsation of the aorta, from the heart to the clavicle, with purring noise; when lying on the back, pulsations are felt in the abdominal aorta; abnormal irritability of the heart, with Palpitation, as in hysteric patients of an unhealthy or scrofulous constitution; Palpitation from suppressed Piles.

Respiratory System.—*Catarrh* with confusion of the head, weariness and prostration of the limbs; Catarrh of Measles, etc.; *chronic Catarrh*, and tendency thereto, attacks occurring from the least exposure to unfavourable change of weather, with sneezing, soreness of the nose, hoarseness, tightness of the chest, and acrid, mucous discharge from the nostrils; chronic paroxysmal Cough, at night, with expectoration of thick phlegm, excited by tickling in the larynx; chest symptoms from suppressed eruptions or Piles; oppression and anxiety in the chest, with aching, sore spots, dull stitches, and weight and pressure in the chest; *scrofulous Consumption* in patients with rough, unhealthy skin, or having itching vesicles; *excessive*, and *foul-smelling*, purulent *expectoration* (see *Acidum Sulphurosum*); mild *Hæmoptysis* in Bronchitis, with fœtid expectoration (also *Acid.-Carbol.*); chronic Hæmoptysis, and *chronic Pneumonia*, in scrofulous and phthisical persons; plastic pleurisy; chronic Asthma, alternating with eruptions on the skin, etc.

Digestive System.—Soreness, swelling, and cracks of the lips and corners of the mouth; warty excrescences on the lower lip; sour, bitter, and clammy taste, with yellow coating on the tongue; painful swelling of the tongue; Heartburn, sense of weight in the stomach, weariness after eating, and other symptoms of *chronic Indigestion* in scrofulous persons; in the obstinate Vomiting of hysteric girls, Mr. Nankivell informs us that he has found *Sulphur* (30th potency) often very useful; *Chronic Constipation* (with *Nux Vom.*), either with or without Piles, the fæces being hard, dry, dark, ex-

pelled with straining, and sometimes streaked with blood; Diarrhœa—fœtid, watery, with fœtid flatulence, and alternating with Constipation, in the scrofulous, or from enlargement of the mesenteric glands; *Ascarides*, with itching and burning of the anus, in unhealthy children; bearing-down pain about the anus, and *Piles*, dependent on abdominal plethora (*alt. Nux Vom.*), with burning at the anus and tenesmus; *soreness, excoriation, itching*, or *exudations about the anus; bleeding-Piles*, with hæmorrhage of *dark venous blood*, and Constipation.

Urinary System.—Frequent desire to pass water during the day, and Enuresis at night (compare *Ferrum*), in scrofulous children.

Generative System.—Weakness of the sexual organs, with excitement and swelling, in the scrofulous. Profuse black, clotted, and gluey menstrual discharge; slimy, yellowish Leucorrhœa; constitutional tendency to Prolapsus, Miscarriage, ulceration of the breasts, or sore breasts and nipples.

Rheumatic and Gouty Affections. — Chronic *Gouty* (atonic) *and Rheumatic affections*, with drawing, tearing, or boring pains, or pains as if the parts were sprained, and *itching about the painful parts;* tensive pains in the joints and muscles; rheumatoid pains, waking the patient early, and preventing sleep again; *Chronic Lumbago and Sciatica*, in persons who suffer from Constipation, Piles, or Varicose Veins.

Skin.—*Scabies*, *Acne*, Herpes, and Ringworm (int. and ext. use); *recent Prurigo;* Intertrigo, Crustea serpiginosa, and *general eruptions in unhealthy children;* chronic erysipelatous inflammation of the skin on various parts—the arms, legs, etc.—with burning and itching, and desquamation; *Boils*[1] and *Whitlows*, in persons in whom they are apt to

[1] Dr. Hughes gives a good proof of the homœopathicity of *Sulphur* to a chronic tendency to boils, in his *Manual of Pharmacodynamics;* he states that a patient of his accompanied her husband to Harrogate, and though in

recur; Liver-spots; chronic Ulcers, scrofulous or varicose, with much burning and itching, and discharge of fœtid pus; *Corns* and *Warts* which tend to inflame; icy-coldness of the feet, with burning of the face and hands.

Characteristics.—*Sulphur* is pre-eminently *indicated* in diseases affecting patients previously troubled with eruptions, Ulcers, Sores, and in diseases traceable to the scrofulous element. The *symptoms* are *worse at night*, and *in damp* and *changeable weather*. In skin-affections, the following are prominent *indications*,—*itching* with burning, *increased by warmth*, and slight friction, but presently *relieved* for a short time by vigorous rubbing or by scratching.

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## 85.—Terebinthina—*Oil of Turpentine.*

*Turpentine* is obtained from the pine, the fir, and other trees. We purify it for use by distillation.

Leading Uses.—Affections of the mucous membrane of the urinary organs—the kidneys, bladder, and urethra. *Digestive System.*—*Ulceration* of, and *Hæmorrhage* from, the bowel, especially in Enteric fever, "when the tongue, instead of cleaning gradually from the edges and tips, parts with its fur quickly and in large flakes" (*Wood*); Gastro-enteritis; *Tænia*, and other *worms*, with dizziness, pain at the top of the head, irregular appetite, deep-seated soreness, inflation and tension of the abdomen, etc.; scarlet eruption on the skin, with gastric disorder, *from eating shell-fish*. *Urinary System.*—Acute *Congestion of the kidneys*, with *suppressed urine*, as from cold; *acute Nephritis*, especially the non-desquamative form; *Bright's Disease*; Inflammation and Catarrh of the bladder; *gonorrhœal Urethritis*; *post-scarlatinal Dropsy*, with inflam-

good health, joined him in drinking the waters. When she returned home, she came under treatment, covered with boils.

mation, and *urine smelling of violets; Hæmaturia* from Congestion: in these affections a group of the following symptoms indicates the use of *Terebinthina*:—Aching pain and weight in the loins, depressed muscular power, Vertigo, stupor, irritability of the bladder, difficult or painful emission of scanty red urine, especially when it contains blood, burning in the urethra, sensitiveness of the region of the bladder, loss of appetite, relaxed bowels, and abundant mucous expectoration. Rheumatism; especially Sciatica and chronic Rheumatism of the lower extremities. Affections of the nervous system: *mania-à-potu.*

Caution. — The indiscriminate use of *Turpentine* as an external application in Rheumatism, Burns, Wounds, etc., is frequently productive of mischievous results.[1]

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## 86.—Veratrum Album—*White Hellebore.*

This plant is indigenous to the mountainous districts of Europe, and is found in great abundance on the Swiss Alps. We prepare a tincture from the root.

Leading Uses.—*Asiatic Cholera,* with violent vomiting and purging rather than with extreme prostration or collapse (*Ars.*); choleraic Diarrhœa; Cramps of the *abdomen* or of the *calves,* whether or not occurring during Cholera, the muscles being drawn up into knots; third stage of *Hooping-cough;* Ague, with extreme coldness.

Special Indications. — General *coldness,* with *blueness, debility,* sunken and pinched features, *Cramps,* faintness and *faintings, feeble,* almost imperceptible, *pulse, cold tongue* and breath, *cold sweats* and *great thirst;* also *watery Diarrhœa*—

[1] A short time ago we had under treatment a patient, who, in alighting from a carriage, slipped, and slightly abraded the surface over the shin-bone; *turpentine* was promptly applied, the wound inflamed, and the whole anterior aspect of the limb assumed a low ulcerated condition.

rice-water evacuations—and *Dysuria*, with coldness and blueness of the extremities, as in Cholera ; and excessive vomiting and *black vomit*, as in Yellow fever.

Nervous System.—Hypochondriac depression of spirits ; confusion of mind, Dementia, and absurd fancies ; or furious Mania. It is probably only suited to mental diseases due to some functional irregularity elsewhere than in the brain, as in Mania from menstrual derangement, Nymphomania, Puerperal mania, etc.

Circulatory System.—Thready, intermittent, and irregular pulse, with feeble action of the heart, occurring in weak persons disposed to fainting, with coldness and blueness of the extremities ; Palpitation and Angina Pectoris, with similar symptoms, and great anguish.

Respiratory System.—Spasmodic suffocative Cough, with blueness of the face, and great retching ; Hooping-cough ; chronic Bronchitis in old persons, and spasmodic Asthma.

Digestive System.—Pain after food, and Water-brash, with coldness of the face and extremities ; excessive retching and vomiting, and involuntary watery Diarrhœa, with Cramps in the abdomen, or nocturnal Diarrhœa, with coldness, pinched appearance, etc. ; *Autumnal Diarrhœa*, the evacuations being expelled in forcible gushes, with vomiting, and great prostration. In the 3x dilution it is also a reliable remedy for *Constipation*.

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## 87.—Veratrum Viride—*Green (American) Hellebore.*

A plant indigenous to the United States, known by the common names of *Indian Poke-* and *Itch-weed*. We prepare a tincture from the root.

Leading Uses.—*Simple fever*, without local inflammation, but accompanied by Vertigo, Headache, dimness of sight, nausea, weakness, and restlessness ; *Infantile Remittent fever*,

with drowsiness, throbbing of the temporal arteries, *hard, quick pulse,* Vomiting of mucus and bile, and Constipation; the *invasive* stage of *Scarlatina,* and other *toxæmic fevers,* with much involvement of the head, high fever, and the symptoms above mentioned: in these cases, the circulatory excitement and gastric irritation being beyond the scope of *Acon., Verat.-Vir.* is an excellent substitute, especially when the typhoid conditions calling for *Baptisia* are not threatened. As an anti-spasmodic, it has great power over the muscles and nerves of motion. The power of this agent is so great in controlling Spasms, that Dr. Burt believes it will prove to be a complete antidote to the Spasms produced by Strychnine. It has also, the same observer states, a wonderful power in curing Chorea, in consequence of its specific action on the *muscular* system.[1] In many points, the pathogenetic effects of *Verat.-Vir.* resemble those of *Verat.-Alb.,* and in others, *Acon.* It differs, however, from the latter, in the following grand essentials, as chiefly pointed out by Dr. W. Burt:—

| VERATRUM VIRIDE. | ACONITE. |
|---|---|
| (1) Centres its action on the cerebro-spinal system; especially affecting the pneumogastric nerve, and by paralysing its function, produces Congestion and Inflammation in every organ and tissue to which it is distributed. Its action upon the great sympathetic is only incidental. | (1) On the contrary, centres its action in the ganglionic nervous system; through this it paralyses the heart and capillary blood-vessels so as to produce Congestion in every tissue of the body that contains capillaries. |
| (2) Cures Congestion and Inflammation of the brain, and the organs that are under the immediate control of the *par Vagum.* This, it will be seen, makes its sphere of usefulness much less than that of *Aconite.* | (2) Cures Congestion and Inflammation in every organ and tissue in the body. |
| (3) *Verat.-Vir.* is only useful in those diseases that have their starting-point in the cerebro-spinal nervous system. | (3) Diseases that call for *Aconite* have their starting-point in the great sympathetic. |

[1] Complete prostration of the whole muscular system is one of the most prominent symptoms the remedy is capable of producing, mobility being *perfectly lost* (*Dr. Burt*).

Febrile Conditions.—It is specially indicated in fevers complicated with cerebral excitement. "In all *inflammatory conditions,* where there is a *complication with the stomach,*" Dr. Peterson writes: "I prefer *Verat.-Vir.* to *Acon.* Thus in *catarrhal fevers* we often have nausea and, perhaps, vomiting at the onset." *Rheumatism* of the *left side* of the body—shoulder, back of the neck, arm, side, hip, knee and leg—with fever, white-coated tongue, restlessness, and great pain, especially on movement: profuse perspiration and refreshing sleep frequently follow its use in these cases. In *Pneumonia,* Dr. Hale considers it better than *Acon.,* administered in alternation with *Phos.;* but the *Verat.-Vir.* should be discontinued immediately the pulse falls to its normal rate.

Head.—In *congestive Headache,* Dr. Hale says it is "superior to any other known drug," when the Congestion arises from plethora, Sun-stroke, alcoholic stimulants, *Teething,* etc., or from suppressed discharges. The symptoms are: A sense of fulness and weight, throbbing, sometimes with stupefaction; increased sensitiveness to sound, with buzzing and roaring; double, partial, dim, or otherwise disordered vision; nausea and vomiting; tingling and numbness in the limbs; mental confusion; etc. In *Convulsions* during dentition, or in the puerperal condition, it acts most satisfactorily.

Respiratory System.—Intense Congestion and Inflammation of the lungs, from Paralysis of the motor filaments of the pneumogastric nerve; Vesicular Bronchitis; Asthma, with great dyspnœa, and cold sweat on the face; it gives great relief to an asthmatic paroxysm.

Circulatory System.—Cardiac debility, with fainting and collapse therefrom; Palpitation with faintness, or dyspnœa.

Digestive System.—In general *gastric affections* it is superior to *Verat.-Alb.,* especially if there be much *irritability* of the stomach—vomiting—not purging—*Pyrosis,* etc., and when

the last-named symptoms occur during pregnancy; *Bilious fever*, with vomiting of bile. Piles, with neuralgic pains in the rectum and anus.

Genito-Urinary System.—*Menstrual Colic, Puerperal fever, Metritis,* and *Mania;* hysterical Convulsions.

Extremities.—Prickling and partial loss of sensation; complete loss of power; Paralysis of the legs; Cramps; cramped fingers and toes, as in Cholera.

Skin.—In *vesicular Erysipelas* it is of great service, and may also be used externally—thirty drops of the strong tincture to half a pint of water—constantly applied to the inflamed surface: in this disease, the presence of arterial and cerebral excitement indicates this drug in preference to *Rhus Tox.* Its *local use,* in a diluted form, is reported to have dispersed local Inflammations, cured Scabies, Shingles, and chronic skin affections; and Dr. Dalzell informs us that a compress saturated with a lotion of the concentrated tincture—℥j ad aq. destil. ℥vj—is valuable in Inflammation of the cæcum; also that *Inflamed Corns, Bunions,* etc., are greatly benefited by being touched with the strong tincture.

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## 88.—Zincum—*Zinc.*

We use either the metal itself—*Z. Metallicum,* its sulphate—*Z. Sulphuricum,* or its oxide—*Z. Oxydatum.*

Leading Uses.—Chronic Headache; nervous depression, etc., with twitchings or tremblings of different parts of the body, and disinclination to activity, and other symptoms of a *torpid circulation.* "In general terms, *Zincum* corresponds to a depressed, exhausted, and irritable condition of the nervous system, such as may arise from a variety of causes, principal among which are injuries, sexual excesses, mental exertion or trouble, insufficient food or exercise producing

Anæmia, exhausting diseases and affections of the uterus and its appendages" (*Dr. A. S. Beebe*).

*Nervous System.*—*Melancholia*, apathy, and weak excitability; Hysteria; chronic Atrophy of the brain; incipient Paralysis of the brain; Paralysis agitans; Paralysis of the brain in Scarlatina, or Acute Hydrocephalus; Infantile Convulsions, with a depressed fontanelle; Chorea; Epilepsy; Chlorotic Cephalalgia;[1] aversion to labour, vacant expression, silly and even idiotic talking, defective memory, dimness of sight, and weakness, heaviness, or jerking of the limbs; neuralgic pains; dry atrophy, without Hectic; Somnambulism; disturbed dreamy sleep, with jerking of the muscles, etc. *Head.*—*Chronic Headache*, with violent, obstinate pain, and depression of spirits; Vertigo, especially in the occiput. *Fever Group.*—Ague, with repeated rigors, malaise, nausea, and constriction of the chest, followed by a short hot stage, and profuse sweating. *Respiratory System.*—Dry, spasmodic Cough, and Pneumonia, with violent stitches in the chest on taking an inspiration, and expectoration of blood-streaked, tenacious mucus; convulsive Asthma.

*Digestive System.*—Cardialgia, *chronic vomiting of food*, with little retching, flatulence, Acidity, and obstinate Constipation, with hard, Infantile Diarrhœa. *Urinary System.*—Profuse light-coloured urine, with light flocculent sediment-Phosphates. *Generative System.*—Chronic Gleet; irritability of the organs, or primarily of the nerve centres, resulting in too rapid escape of semen during connection, or nocturnal emissions; eruptions following suppressed Gonorrhœa. *Skin.*—Obstinate Pimples, with soreness; chronic and ulcerated Herpes; etc.

[1] See *H. Review*, 1871, p. 213.

## Antidotes.

In the event of an over-dose of the medicines prescribed in this work having been administered, two drops of the *Tincture of Camphor*, or a strong infusion of *Coffee*, will generally arrest any unpleasant consequences. Camphor, however, increases the action of *Hydras.* and *Cimic.* For the general treatment of cases of poisoning, the chapter on "Poisons" should be consulted.

# PART V.

## Poisons (*Venena*).

The word *poison* seems to have been orignally a variation of *potion*, and has come now by general consent and usage to designate any substance which, through the blood, has a deadly or noxious action upon living beings. Some poisons act in minute, others in comparatively large, doses. The former are termed *deadly*, being often rapidly fatal in small doses.

The primitive use of poisons was for the purpose of anointing arrows: hence the Greek word for poison (τοξικὸν) derives its origin from (τόξον), which signifies a *bow*. This custom dates from the earliest antiquity, when men earned their means of subsistence by the bow, and is prevalent among savage tribes to the present time.

Poisons have been arranged by toxicologists into three groups, according to their action upon the animal economy, as follow:—

I. Irritant Poisons, or those which produce irritation or inflammation, causing pain in the stomach and bowels; as, the mineral acids, oxalic acid, arsenic, mercury, copper, antimony, zinc, lead, baryta, and cantharides.

II. Narcotic Poisons, or those which produce stupor, delirium, and other affections of the brain and nervous system; as, opium, hydrocyanic acid, and poisonous gases.

III. NARCOTICO-IRRITANT POISONS, or those which produce sometimes irritation, sometimes narcotism, sometimes both together; these are chiefly derived from the vegetable kingdom, as, strychnia, monkshood, and poisonous fungi.

But it is to be remembered that the chief irritant poisons, like the narcotics, have a specific *remote* poisonous effect upon the blood, nervous system, and body generally, besides their local irritant operation upon the part to which they are immediately applied.

In cases of suspected poisoning symptoms should be carefully watched and noted; the evacuations should be inspected; the vomit and urine submitted to chemical examination; and if death occur, a *post-mortem* examination should be made.

In our observations on the most common poisons, our aim has been to embody such practical points as are most necessary to be remembered. The following is the list included in this chapter :—


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## 1.—Arsenic (*Arsenicum*).

White Arsenic, or Arsenious Acid, is an intensely irritant poison, two grains having been known to destroy life. When criminally employed, it is more commonly used for murder than for suicide, is generally taken crude in some article of food, and, in small quantities, has no appreciable taste. Hence it has often led to accidental poisoning. It has been sold for "Salts" or "Magnesia," and used instead of the plaster-of-Paris in the adulteration of sweets. In farming districts, second-hand stone jars have repeatedly proved dangerous. Mr. Freeman reports two cases in which stone jars were used for the storage of wine or jam, which had previously been used for the solution containing Arsenic employed in sheep-dipping, and in each instance serious illness resulted, proving fatal to one man. It is sparingly soluble in cold water, two and a half parts only being taken up by 1,000 parts of water.

Symptoms.—These come on, if the dose has been moderately large, in about an hour after the poison is taken; but the time and also the severity of the symptoms vary according to the state of repletion of the stomach at the time, and the digestibility of the vehicle in which it is swallowed.

There are faintness, nausea, great pain and burning heat in the stomach, an incessant desire for cold drinks, and violent vomiting of brown matter streaked with blood. By vomiting, much of the poison may be ejected, together with the common contents of the stomach, and a great deal of mucus, which is probably secreted as a defence. The skin is generally cold and clammy, but has sometimes been found very hot. In fatal cases the countenance becomes pale, sunken, and expressive of great torture and anxiety; the pulse grows small, feeble, rapid, and soon imperceptible. The pain spreads over the abdomen, which becomes tense and tender, sometimes swollen, sometimes drawn in at the navel; diarrhœa comes on with severe tenesmus, and sometimes bloody evacuations; there is also strangury, priapism, and congestion of the testicles. Finally, difficulty of breathing supervenes, the conjunctivæ become dry, red, swollen, and injected, and delirium, stupor, or convulsions precede death, which usually occurs on the third day, unless a large quantity has been taken, when the patient suffers much less, and sinks in about twenty-four hours.

If the patient survive the third day, or has had small doses frequently repeated, he will suffer from Muco-enteritis and Gastritis. Even if he finally recover, he will long experience pain in the abdomen, imperfect digestion, sickness, emaciation, falling off of the hair, and other symptoms of chronic arsenical poisoning.

Treatment. — Evacuate the contents of the stomach by an emetic (℥j zinci sulph. :—tartar emetic should be avoided), or by tickling the throat with the finger or a feather; this is better than the stomach-pump, because *Arsenic* is heavy and somewhat insoluble, and would not probably be washed up. If, however, vomiting be already severe, fluids (*cold, never warm*) are only necessary to assist in clearing the stomach; the best being milk, which is bland, and may

partly coagulate in the stomach and envelope the poison. Taylor recommends equal parts of oil and lime-water. These may be given both before and after the vomiting has begun. A dose of castor oil, to clear away any of the poison that has left the stomach and entered the bowel, may be of service. Linseed tea and other farinaceous decoctions are also useful; they may be thickened with magnesia, with which *Arsenic* forms an insoluble compound. A chief source of danger in arsenical poisoning is the want of any effectual antidote; the *Hydrated Peroxide of Iron*, which may be produced in a moment by addition of Liq. Ammoniæ to Tincture of Iron, has the most repute, but is so little to be depended on that it should be postponed until after the stomach has been cleared as far as possible by vomiting. M. Carl affirms that *Hydrated* Magnesia, or a mixture of Magnesia and sugar, may be relied on in arsenical poisoning. Poultices and fomentations should be applied over the abdomen.

Tests for Arsenic.—Place a piece of *bright copper* foil in a test-tube, cover with pure Hydrochloric Acid, and apply heat. If the foil remain bright, we have evidence that the *acid* and *copper* do not contain *Arsenic*. Add an equal quantity of the suspected fluid, and apply heat again. If *Arsenic* be present in the fluid, the copper will now turn white or grey. On evaporating the moisture from the surface of the copper foil, and slowly heating it in a test-tube, a ring of *Arsenic* will be deposited on the cooler part of the tube.

If ammonio-nitrate of silver be added to the solution, a rich arsenite of silver will be precipitated, changing to greenish brown.

The addition of ammonio-sulphate of copper to the solution will precipitate the rich green known as Scheele's green, or arsenite of copper.

Arsenical Wall-Papers.[1]—This subject is occupying much public attention; and unquestionably a very large number of affections have of late been clearly traced by the profession to the use of such papers, while Dr. Stenhouse and others have, on analysis, discovered in them quantities of arsenic, varying from a trace to 14 grains in the square foot. Flannels and other fabrics are also said to be coloured by means of Arsenic. And where papers and articles of clothing are not coloured by Arsenic, the bright aniline dyes are sometimes fixed by an arsenical mordant. The prominent symptoms induced are very similar to those of Hay Asthma, and may be thus summarised: *Eyes*—bloodshot, sore, smarting, dim; photophobia; *Nose*—red, swollen, mucous membrane itching, smarting, with constant flow and sudden violent fits of sneezing, loss of smell, inability to breathe through the nose; *Mouth*—soreness, ulcers, loss of taste; *Tongue*—dry, white; *Voice*—nasal; *Face and Teeth*—neuralgic pains; *Forehead*—sense of weight in frontal sinuses; *Throat*—soreness, dryness, nauseating greasy impression at the back; *Lungs*—bronchial affections; *Stomach and Bowels*—indigestion, thirst, retching, vomiting, diarrhœa, dysentery; *Skin*—irritation, eruptions, boils; *Muscles and Bones*—sufferings simulating Rheumatism; *Brain and Nervous System*—irritation, occasioning great irritability of temper; depression of spirits; Neuralgia; *Urine*—scanty and highly-coloured; all ailments intensified at night; general prostration, and slow emaciation. The Turkish-bath, in suitable cases, is said to be a valuable agent in eliminating the poison.

Test for Wall-Paper.—Place a drop of Aqua Ammoniæ on the suspected paper, and if it change the colour to *blue*, the probability is that copper and *Arsenic* are present. But a more satisfactory test is applied as follows:—Place a small

[1] See *H. World*, vol. vi. pp. 98, 121, 145, 167, 241, 280; vol. vii. pp. 170, 209; vol. ix. pp. 31, 80, 282.

piece of the material in a test-tube, pour in about a drachm of dilute Hydrochloric Acid, and boil it over a spirit lamp. The Acid dissolves the Arsenite of Copper and assumes a green colour. Pour off the liquid into another test-tube, and add a few drops of solution of Hydrosulphate of Ammonia, or pass Hydrosulphuric Acid gas through the liquid. A copious brown precipitate forms; this is mainly composed of Copper Sulphide, with which the Arsenic Sulphide is mixed. Now add an excess of Liquor Ammoniæ; this dissolves the Arsenic Sulphide, but not the Copper Sulphide. The ammoniacal solution of the Arsenic Sulphide is separated by filtration, and now the neutralisation of the Ammonia by Hydrochloric Acid throws down the yellow Sulphide of Arsenic.

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## 2.—Mercury (*Hydrargyrum*).[1]

The most common mercurial poison is the bichloride—*Corrosive Sublimate*. In its action it differs from arsenious acid by being a chemical corrosive, combining with the albumen of the tissues; but it has also, like *Arsenic*, a remote specific poisonous effect.

Symptoms.—A horribly nauseous metallic taste, detected at the time of swallowing, and great constriction of the fauces and œsophagus, rendering even the swallowing of the antidote most difficult; the epithelium of the mouth and throat becomes white, as if from nitrate of silver, shrivelled, and detached; vomiting of white, stringy mucus; copious diarrhœa. The pain in the stomach, and vomiting, come on earlier than from *Arsenic*, and blood is more likely to be brought up; the countenance becomes sometimes turgid and congested, at others pale and anxious, whereas from *Arsenic* it is always pale, contracted, and ghastly. Strangury, too, is a more marked symptom, because the *Corrosive Sublimate*,

[1] See *H. World*, vol. ii. p. 246.

being more soluble, enters the circulation freely, and reaches the kidneys; whereas *Arsenic*, remaining in the alimentary canal, causes its chief sufferings there; and, passing down to the rectum, renders tenesmus a more prominent symptom. If recovery take place from mercurial poisoning, salivation first occurs. There is but little difference in the fatality of *Corrosive Sublimate* and *Arsenic*—three grains of either may destroy life.

Tests for Corrosive Sublimate.—*Powder.*—If a small quantity be dropped into a white saucer containing a solution of Iodide of Potassium, it becomes *scarlet;* of Hydro-Sulphuret of Ammonia, it becomes *black;* of Potash, it becomes yellow. *Solution.*—A small quantity should be gently evaporated, then allowed to crystallise. Opaque silky prisms will thus be formed, intersecting each other. If Iodide of Potassium be dropped on them, they become scarlet.

Treatment.—This differs radically from that of *Arsenic*, inasmuch as we have an effectual antidote, which should, therefore, be administered immediately: this is the whites and yolks of eggs, beaten up together. They convert the bichloride of Mercury into a double chloride of Mercury and albumen. If eggs cannot be had, a thin paste of flour and water may be substituted,—the gluten acting in the same manner as albumen. Milk may also be given as a substitute. Afterwards, bland fluids, the use of the stomach-pump, and other treatment, according to the requirements of the case.

For the *Salivation* which follows, we have several remedies: *Ac.-Nit.* (two drops of the dilute acid in a little water, two or three times daily; also gargles of lukewarm water, acidulated with the acid); *Ac.-Sulph.* (also internally and as a gargle); *Alum* in solution (℥ij of the powder to ℥iv of water, sweetened with a little honey) for a gargle. The patient should be warmly covered, and have all the nourishment he can take in the way of bread and milk, broths

and soups. *K.-Chlor.* is also recommended for its beneficial influence in salivation, and is used both internally and as a gargle. *Hep.-S.* is an efficient remedy for chronic mercurial eruptions and ulcers; and for the latter, *Hydras.*; *Nux V.* for mercurial tremor and Paralysis; *Ars.*, *Iod.*, etc., for the affections of the bowels; *Aur.* for mercurial cachexia, bone disease, etc.

The latter symptoms are those of chronic mercurial poisoning, such as are experienced by looking-glass makers, or by others who are constantly exposed to mercurial vapours.

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## 3.—Lead (*Plumbum*).

The most common form of Lead-poisoning is the chronic, as seen in house-painters, glaziers, and others who use lead in their trades, or work in lead mines, or who habitually drink water, cider, or other liquids contaminated with it. In the case of painters, that variety of paint which gives a dead or non-glistening surface is the most poisonous, from the large admixture of turpentine, which, passing off by evaporation, carries with it a portion of the lead; this is inhaled, or mixed with the saliva, and received into the stomach, or settles on the skin and is absorbed. In such cases the source of the lead may be little suspected. Cases are not unfrequent among ships' cooks, who stand constantly with naked feet on a sheet of lead before the galley fire; and charwomen may be affected from frequently washing stairs covered with sheet-lead, as in some hotels.

Symptoms.—Vomiting, thirst, habitual constipation, and occasional severe colic; Paralysis of the extensor muscles of the forearm, so that the hands hang down by their own weight (*drop-wrist*), the patient having no power to raise them; general chilliness, pallor, and emaciation; contracted blood-vessels, and blood deficient in red corpuscles. The Palsy is

at first local, but if the cause be not avoided, the patients fall into a state of general cachexia, become miserable cripples, and eventually sink under disease of some vital organ. A striking diagnostic sign of lead-poisoning is the existence of *a dark-blue line round the edges of the gums*, most marked in the lower jaw. This line is probably caused by a deposit of sulphuret of lead in the gum-tissue, the sulphuret being produced by the sulphur, which is evolved from decomposing fragments of food in the clefts of the teeth, and which combines with the salts of lead in the blood.

On dissection and analysis, the lead may be found in the tissues of the nerves and muscles.

Treatment.—*Iodide of Potassium*[1] is useful to remove the lead from the system in the form of the iodide in the urine; for although iodide of Lead is insoluble in water it is soluble in urine and other fluids of the body. The *Bromide* has even greater solvent power than the *Iodide*, and is preferable when there is sleeplessness. Another method of cure is to give frequent doses of *Magn.-Sulph.* (*Epsom Salts*), with excess of *Ac.-Sulph.* For *lead-colic—Opi.*, *Alum.*, *Plat.*, *Bell.*, or *Ac.-Sulph.*, with the warm bath, is the best treatment.

Preventive Measures are, chiefly, *great cleanliness*, using soap and water at frequent intervals, especially for the face, hands, and nails; and avoidance of taking food in the work-rooms or mines, or food which has been allowed to remain therein. The habitual use of a drink resembling lemonade, but acidulated with *Sulphurous Acid*, as provided for the artisans in some lead works, is probably the best means of correcting the morbid influence on the stomach; while the entrance of the poison into the air-passages should be guarded

[1] "In Lead-poisoning," Dr. Newton writes to us, "I greatly prefer the following treatment to the *Iodide of Potassium*: *Merc.-S.* 1, gr. ij morning and night, and *Nux V.* 1 trit., gr. ij twice daily. By this method we avoid the depression of spirits and loss of appetite which the *Iodide* brings on."

against by working with the mouth closed, or by wearing a fine respirator.

The same antidote may also be used against *Sugar-of-lead*—a salt not infrequently used for poisoning—the *Magn.-Sulph.* in this instance forming an insoluble and probably inert Sulphate of Lead.[1]

Owing to the facility with which *soft* water absorbs lead, pipes of this metal should not be employed for conveying water to houses. Much colic and lead poisoning at one time prevailed in Glasgow and Edinburgh from this source. Pipes made of block-tin, or lead lined with tin, should be substituted for leaden ones, particularly where the water is soft.

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## 4.—Copper (*Cuprum*).

Poisoning from this metal usually occurs from food cooked in imperfectly-cleaned copper or brass vessels; the metal becomes oxidized, and then, not only the vegetable acids, such as vinegar and pickles, but also oils and fats of greasy foods, as hashes and stews, from the fatty acids they contain, dissolve the metal, and form acrid, irritant, poisonous compounds, such as *Verdigris* (the acetate of copper), *Blue Vitriol* (sulphate of copper), etc.

These are the most common salts of copper; but, though highly poisonous, they seldom prove fatal, owing to their emetic properties.

Symptoms.—They resemble those caused by *Arsenic* and *Corrosive Sublimate*, with some that are peculiar to the metal itself, especially violent headache, then vomiting of blue or green matters, and cutting pains in the bowels, and afterwards

[1] It is important to remember that all substances which are *insoluble* are not also *inert*; for although insoluble in water, they may be dissolved in the fluids of the mouth, stomach, or other parts of the body. Of this, *Calomel* may be cited as an illustration.

cramps in the legs, pains in the thighs, etc. Jaundice very frequently occurs, and the symptom is the more important from being seldom met with in other cases of poisoning. Death is generally preceded by convulsions and insensibility. A chronic form of poisoning has occurred from the water on shipboard being contaminated by copper: in such cases the perspiration of the infected person has stained the linen of a greenish hue.

Treatment.—The best antidote in acute poisoning is *albumen*—the whites and yolks of eggs beaten up—which when administered forms an insoluble compound with the copper salt; it should be followed by milk, or mucilaginous drinks. In the absence of eggs, a thin paste of flour and water may be used. Emetics and the stomach-pump are seldom serviceable.

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## 5.—Antimony (*Antimonium*).

Poisoning with *Antimony* is uncommon, but it does sometimes occur in the allopathic employment of *Tartar Emetic;* or from antimonial wine being accidentally swallowed. In consequence of the largest doses of *Antimony* being powerful emetics, the poison in this form is generally rejected, and little harm follows; it is the chronic form of poisoning, in which the metal is continually taken in small doses, that is most to be feared; and this insidious plan has sometimes been adopted by slow poisoners, to produce symptoms analagous to those of internal visceral disease, so that, when they finally destroy their victims by arsenic or some other more deadly means, less suspicion may arise. Suspicion should therefore be always entertained when a patient is, without evident cause, constantly sick on receiving his food or medicine through the instrumentality of one particular individual.

Symptoms.—From moderate doses, a strong metallic taste in the mouth; great heat and constriction of the throat, violent burning pains in the stomach, followed by violent vomiting, purging, and extreme depression of the circulation. The most marked symptoms from the full action of the poison are,—nausea, sickness, and great depression.

Treatment.—Large draughts of warm water, and tickling the throat to induce vomiting; at the same time a decoction of cinchona, oak-bark, tannin, or even strong tea, should be prepared and diligently administered, to decompose the poison. Magnesia dissolved in milk is a good remedy.

Chloride of Antimony.—Taylor relates four cases of poisoning by this substance (popularly called Butter of Antimony); three of the persons recovered. In the fatal case the whole of the inside of the alimentary canal was blackened as if it had been charred; two or three ounces had been taken, and death occurred in ten hours and a half.

Treatment.—Magnesia must be given, followed by the means recommended in poisoning by Tartar Emetic.

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## 6.—Zinc, Chloride of (*Burnett's Disinfecting Fluid*).

This popular disinfectant may be taken inadvertently with disastrous results.

Symptoms.—Countenance anxious and depressed; voice feeble; throat sore and inflamed; feeling of faintness; tenderness on pressure and burning pain of the epigastrium and under the left ribs; vomiting; bowels inactive. Mucous membrane of the soft palate covered with a white diphtheritic film, or yellow slough; vomit of black fluid, with mucus and shreds of tissue; stool very infrequent, black, pitchy. Occasional tetanic spasm in the right forearm and hand. Gums spongy and bleeding; vomit of brownish fluid with a flocculent sediment, but without bile; urine turbid,

with lithates, sp. gr. 1025-1030. Temperature 100·6, slowly falling to 96·4.

The patient sinks from corrosive action of the poison, and from inanition caused by the secondary effects of the poison on the fauces, œsophagus, and stomach. One ounce, containing 200 grs. of the salt, has been known to cause rapid death; but recovery has taken place after swallowing 600 grains.

Treatment.—Mixture of eggs and milk freely administered, and continued so long as vomited in a curdled state. Copious and long-continued supplies of albuminous matters. Soapsuds given freely have proved curative. Nothing can be better than the carbonates of potash and soda, if given early. Copious draughts of warm water dilute the fluid and promote vomiting. As very short contact with the mucous membrane is sufficient to corrode it, and convert it into a substance like leather, prompt measures are essential.

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## 7.—Nitre—Nitrate of Potash (*Saltpetre*).

This drug, commonly employed for domestic purposes, has been administered by mistake in food, and has sometimes proved fatal in its effects.

Symptoms.—Burning pain at the epigastrium, vomiting, increased flow of urine from irritation, or, in large doses, even inflammation of the kidneys; and great depression.

Treatment.—Emetics, and the stomach-pump, should be employed, and demulcent drinks given. No chemical antidote is known.

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## 8.—Ammonia (*Hartshorn*).

Poisoning by "Hartshorn and oil" is by no means uncommon, especially among children.

Symptoms.—Intense sensation of burning in the throat,

gullet, and stomach; when vomiting occurs the ejecta are mixed with blood of a dark-brown colour.

Treatment.—Vinegar, lemon-juice, or orange-juice should be promptly given, followed by demulcents.

If ammoniacal vapour has been accidentally inhaled, Acetic or Hydrochloric Acid should be immediately inspired.

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## 9.—Phosphorus (*Phosphorus*).

Vermin-poison is often a compound of *Phosphorus* and common grease, and may be taken accidentally or by design.

Carbon is said to absorb *Phosphorus*, so that taken in the form of pills it relieves those who have to manipulate the poison from the disastrous effects. The *fumes of Phosphorus* sometimes cause, in lucifer-match makers, necrosis of bone, especially of the lower jaw. In these cases the poison acts through the blood, and not, as some have fancied, through a hollow tooth. The death of a child is reported from playing with matches and sucking off the dipped ends. On no account, therefore, should children be allowed to play with lucifer matches.

Symptoms.—*Phosphorus* is an irritant poison, speedily producing intense thirst, nausea, pain in the stomach, and vomiting; the matters ejected have a garlicky smell, and when thrown up in the dark are luminous. The pain spreads over the body, and, after much suffering, the person usually dies within a few days. On *post-mortem* examination, the liver is found in a state of fatty degeneration.

Treatment.—A speedy emetic, and directly afterwards Magnesia in linseed tea or other bland fluid, to neutralise the phosphoric acid which is liable to form in the bowels; with poultices to the region of the stomach and liver. Neither for *Phosphorus* nor for *Cantharides* should oils be given, as both are soluble in oils; although, as a rule, olive

oil is one of the blandest of fluids that can be taken in cases of irritation of the bowels, and is also slightly laxative.

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## 10.—Acids (*Acida*).

The chief of the strong mineral acids are the *Sulphuric* (*oil of vitriol*), the *Nitric* (*aqua fortis*), and the *Hydrochloric* or *Muriatic* (*spirit of salt*).

Symptoms.—When attempted to be swallowed, the strong acids are usually ejected spasmodically from the pharynx, just as boiling water is; but they may still be quickly fatal from asphyxia, caused by swelling of the larynx from effusion under the mucous membrane; or the patient may die, after weeks or months, from stricture of the upper part of the œsophagus. If the acids reach the stomach they will produce horrible pain, vomiting of dark, altered blood, shreds of tough mucus, and fœtid eructations. They are corrosive poisons, decomposing the tissues, causing rapid, small pulse, and such great depression that the patient sinks and dies. They have, also, a remote specific poisonous effect if taken persistently in moderate doses; but with large doses the symptoms and fatal effect are consequent on local injury.

If *Nitric* acid have been taken, there will be yellowish stains on the lips; if *Sulphuric*, brownish, and the teeth will be blackened; and in any case there will be a white, shrivelled, and detached state of the epithelium of the mouth and fauces. Where the acid has fallen on the clothes, *brown* stains are produced by *Sulphuric* and *Nitric* acids, *bright-red* by *Hydrochloric* acid; on black cloth red stains are produced by all.

Treatment.—Slaked lime, chalk, or *Magnesia;* or in default of these, the plaster of the apartment may be scraped down and made into thin creamy paste with water, milk, oil, white of egg, or any demulcent. Afterwards bland, mucilaginous, and oily fluids should be given, and a poultice applied externally.

## 11.—Oxalic Acid (*Acidum Oxalicum*).

This is a common rapid poison, often mistaken for Epsom salts and *Zinci Sulph.*; but it may be useful to know that the three are readily distinguished by their taste—a crystal or two, or a drop or two of the solution, being placed on the tongue; for *Sulphate of Magnesia* is bitter, *Sulphate of Zinc* is styptic, and *Oxalic Acid* is sour and nauseous. It is used as a cleanser and bleacher, to remove ironmould, etc., and is far too readily sold in the shops to any purchaser. As a poison it is usually taken, like Epsom salts, in large doses—℥ss or more, partially dissolved in water.

Symptoms.—Excessive irritation, burning pain, and, generally, violent vomiting, of dark-green matter and blood; feebleness or total failure of the pulse; cold, clammy skin; great anxiety, and occasionally convulsions, the patient dying sometimes in half an hour, and generally within seven or eight hours, suffering dreadfully all the time. It has also a remote specific poisonous effect.

Treatment.—Although a rapid and deadly poison, many persons recover on account of the largeness of the dose, which leads to a speedy and copious vomiting, so that much of it is ejected. The antidote, too, is well known, readily available, and effectual. It is *Carbonate of Lime* in any form in which it can be obtained—*creta preparata*, plaster scraped from the ceiling, or common whiting, mixed with a *small* quantity of water into a creamy paste. It should be observed that the limit to the quantity of water is important, and applies to nearly all poisons, for too much diluent drink tends to dissolve a poison, to spread it over the stomach, and to promote its absorption. In the absence of *Carbonate of Lime*, *Magnesia* might be used, but not the alkalies—Potash or Soda—which would only form *soluble* salts, that would enter the circulation and prove poisonous. After

the antidote, bland mucilaginous fluids may be given, and the abdomen covered with a poultice.

Salt of Sorrel, or *Essential Salt of Lemons*, is the acid oxalate of potash, used for bleaching straw and removing ink stains; it produces the symptoms of poisoning by *Oxalic Acid*, and must be treated in the same way.

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## 12.—Carbolic Acid (*Acidum Carbolicum*).

Cases of accidental poisoning by the incautious use of this valuable therapeutic agent are unfortunately of rather frequent occurrence. Used in the sick-room as a disinfectant, there is some danger of its being erroneously given to the patient. And elsewhere, even the handling of it in the form of powder may cause unpleasant effects. Moreover, when treating Abscesses, Wounds, and Fractures, it should be employed cautiously, for serious complications have arisen from its undue absorption by the system. As the *Acid* is absorbed more readily when combined with oil than in an aqueous solution, the latter is in some cases preferable when the *Acid* comes into direct contact with a large granulating surface. When introduced into the uterine cavity the solution has produced dangerous collapse. Whenever employed, the urine should be frequently examined; for as the *Acid* is eliminated by the kidneys, it acts as an irritant on those organs, and may cause renal hyperæmia, or parenchymatous inflammation, of which abnormal urinary secretions would be symptomatic.

Symptoms.—Severe vomiting; skin becomes livid, or has a mottled appearance; stools are blackish-brown; *urine* is *very dark brown, almost black*. When applied to the skin it loses its sensitiveness, and becomes white and puckered, as from immersion in hot water; then it becomes dry, red, sore to the touch; burns, tingles, smarts; and finally cracks, forming deep sore fissures.

TREATMENT.—When *Carbolic Acid* has come in contact with the skin, disintegration of the cuticle may be averted by the application of a strong solution of *Carbonate of Soda*; the same remedy may be employed as a wash for the mouth if the *Acid* has been taken. If it has been swallowed, a stomach-pump should be employed. Oils, and a strong solution of the saccharine *Carbonate of Lime*, are also of great use. The following preparation is said to be an antidote: Sugar of lime made by dissolving sixteen parts of white sugar in forty parts of water, digesting with lime for three days, then filtering and evaporating. Any remedy employed should be applied as soon as possible.

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## 13.—Oil of Tar (*Kreasote*).

This is seldom taken in poisonous doses. Mucilage, oil, etc., are antidotes to this powerful irritant. If great depression be one of the symptoms, *Ammonia*, or similar remedies, may be required.

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## 14.—Colchicum (*Colchicum*).

Cases of poisoning by this medicine are most likely to arise from taking too large doses of the wine or other preparations of the drug, or from continued doses, producing gradual toxication.

SYMPTOMS.—These much resemble those of tartarised *Antimony*, there being great nausea, sickness, purging, and depression of the heart's action. Both these drugs are used for insidious poisoning, because the symptoms closely resemble those of natural illness.[1] Antimony might, however, be detected in the urine by Sulph. Hydrogen, which throws down an orange-coloured precipitate.

TREATMENT.—Same as for *Aconite*.

[1] Slow poisoners have often begun with *Antimony* or *Colchicum*, and then finished off their victims with *Arsenic*.

## 15.—Opium (*Opium*).[1]

It is important to distinguish between Opium-poisoning and primary Apoplexy. The chief differences are tabulated as follows:—

DIFFERENCES.

| OPIUM-POISONING. | (*Primary*) APOPLEXY. |
|---|---|
| 1. Occurs chiefly in *young persons*, especially females, of violent passions. | 1. Occurs mostly in persons *advanced in life*, generally of full habit. |
| 2. If taken with a meal, as in beer, the symptoms would not arise for *half an hour*. | 2. Is often the *immediate* consequence of over-repletion of the stomach. |
| 3. The symptoms come on *gradually*. | 3. The symptoms occur *suddenly*. |
| 4. The patient can be *roused*. | 4. The patient *cannot be roused*. |
| 5. The face may be very *pale* and sunken or bloated, the eyes are closed and the *pupils* usually *contracted*, frequently to the size of a pin's point, and insensible to light. | 5. The face is turgid and *congested*. |
| 6. The breathing is deep but *quiet*. | 6. The breathing is *stertorous*. |
| 7. Pulse small and of natural frequency. | 7. Pulse slow, full, and labouring. |
| 8. Is usually fatal between the seventh and twelfth hours. | 8. Is usually fatal earlier or later than Opium-poisoning. |

*Morphia*, the principal alkaloid of *Opium*, acts similarly. *Narcotine* is an excitant, increasing the frequency of the pulse and raising the temperature. *Thebaine* excites the upper portion of the cord, *Narceine* the lumbar portion of it.

DIAGNOSIS is also to be made from *Intoxication*, which produces similar symptoms, but here the odour of spirit can generally be detected in the breath; also from the narcotism of *uræmic poisoning* from diseased kidneys: in the latter case puffiness of the eyelids, and albumen in the urine, will distinguish the cases.

[1] See *H. World*, vol. ii. p. 273; vol. iv. p. 10; vol. v. p. 106; vol. viii. p. 221.

Opium-smoking and eating, when once the habit is formed, soon becomes an all-absorbing passion. Dr. Bayes says that when he resided on the borders of Lincolnshire, he saw a great deal of the opium-eating and laudanum-drinking which is still carried on there. "The chemists in those districts sell immense quantities of *Opium*, in its crude state, every market-day, rolled into little sticks, in pennyworths and two-pennyworths. I have seen fen-farmers who were in the habit of buying *Laudanum* by the half-pint or even more, on every visit to their market-town. The habit is first commenced to allay the feeling of extreme lowness of spirits and bodily depression which affects the ague-stricken where Intermittent-fever is fully developed." A cachectic state of the body, the derangement of most of its functions, is generally noticed in those who habitually use the drug; "and in them the slightest scratch often degenerates into a foul and ill-conditioned Ulcer" (*Waring*).

One of the most common uses of *Opium* is for the quieting of children:[1] for this purpose it is usually given as *Laudanum*, *Paregoric*, or soothing-syrup. Any mother, nurse, or baby-farmer, using these substances, ought to be treated as a criminal; if it were so, hundreds of children would be saved who are now more or less slowly poisoned, either by design, mistake, or over-dosing. The nervous irritability, fretfulness, and sleeplessness for which these drugs are given, find in Homœopathy certain and harmless remedies.

Symptoms.—In addition to those stated in the table, the person lies quite still, with closed eyes, pupils sometimes dilated, sometimes contracted, pale, ghastly countenance, free perspiration, increasing slowness of respiration, and insensible to external impressions; the whole expression being

[1] The *American Journal of Pharmacy* states that 150,000 infants are killed every year by the Opium contained in the various kinds of soothing-syrups given to them.

indicative of deep and perfect repose. The differences just tabulated are most marked in the *beginning* of a case of poisoning by *Opium*, for afterwards congestion of the brain and effusion come on, with even stertorous breathing, and the case then more resembles one of Apoplexy. If the patient recover, the stupor passes into a prolonged sleep—twenty-four to thirty-six hours—after which nausea, vomiting, giddiness, and loathing of food, take place.

Treatment.—The primary object is to remove the poison from the stomach, which is best accomplished by washing it out by the stomach-pump. This treatment is better adapted to *Opium* than to any other poison, because it is usually taken in the liquid state of *Laudanum*, which narcotizes the nervous system, and renders it almost insensible to emetics. A gag should first be placed between the jaws, and the tongue pressed back to place the epiglottis over the larynx, and then a *flexible*, but not elastic, pipe, previously softened in warm water, and lubricated with butter, passed down. About a pint of warm water is to be pumped into the stomach, and then nearly as much withdrawn; this should be repeated till the water returns clear. In default of a stomach-pump, or where solid *Opium* has been taken, a *non-nauseant emetic* should be given, as *Zinci Sulph.* ʒss. A suitable emetic may be readily found in common mustard-flour, a dessert-spoonful of which may be given in cold water; for this, as well as *Sulphate of Zinc*, is a direct emetic, acting quickly, and without the preceding nausea that *Antimony* and *Ipecacuanha* usually produce. For children, however, the proper emetic would be tartarized *Antimony*, about gr.ss in a little water, and sweetened with syrup. When the poison has been removed from the stomach (but not before) vegetable acids may be given to counteract the narcotism. Cream of tartar and water, vinegar and water, or lemon-juice may be given every ten minutes. When there is inability to swallow, emetics

may be given as enemata. *Belladonna* or *Atropine* has proved a successful antidote, given in as large doses as the patient can bear, and at frequent intervals, until the contracted pupil dilates. *Strychnine* has also been remedial.

The next object is to *keep the patient constantly roused*, by dashing water, cold, or alternately hot and cold, over the head and face, by keeping him walking in the open air between two strong persons; this both wards off stupor, and, by promoting respiration and circulation, expedites the elimination of the poison from the system. Flapping of the body and legs with a wet towel is rousing. Galvano-electricity is also very useful in this stage in keeping the patient awake, except when there is cerebral congestion. Considerable time must elapse before the patient is allowed to sleep, and then he should be wakened up as soon as he snores.

In desperate cases, *artificial respiration* (see Sec. 216) has properly been resorted to, and has in some instances averted a fatal issue. Often great perseverance, even for hours, is necessary, and should be observed even in hopeless cases. When the poison has been removed, a decoction of *coffee*, in oft-repeated doses, is useful to revive the patient, and to mitigate sickness and headache. Coffee is an excellent anti-narcotic, and helps to keep awake patients poisoned with *Opium*.

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## 16.—Alcohol (*Alcohol*).[1]

It is important to be able to detect poisoning by large potations of *Alcohol* from poisoning by *Opium*, and from Apoplexy, as the immediate treatment differs in each case. (See Section on "Opium" for symptoms of Apoplexy.) The *odour of the breath*, and the history and circumstances of an unconscious patient, may point to drunkenness as the

[1] See *Hy. World*, vol. ii. p. 131.

cause ; if these be absent, the presumption is that it is not a case of intoxication. It should always be remembered that a drunken person may have suffered an injury and sustained concussion of the brain ; or a drunken debauch may coincide with the final break-up of the vessels within the cranium.

Symptoms.—Growing insensibility, tactile, mental, and moral ; which may increase rapidly and result in coma ; or may increase slowly, and then become suddenly absolute ; face flushed ; pupils dilated (in poisoning by *Opium*, the face is generally pale and the pupils contracted).

Treatment.—Narcotic poisoning from large doses of *Alcohol* or spirits-of-wine requires the use of the stomach-pump, cold affusion over the face and head, and warmth to the cardiac region and the stomach ; the circulation in the extremities should also be promoted. When exposure to cold and drunkenness have produced combined effects, those of cold should be first counteracted. If bad cases are neglected, they may prove fatal. Should the patient appear to be dying from Paralysis of the respiratory muscles, *artificial respiration* should be resorted to (see Sec. 216) ; if from closure of the larynx, catheterism or tracheotomy may be performed.

One of the chief symptoms of poisoning by *Alcohol* is *Delirium Tremens.*

Delirium Tremens.—The physical action of *Alcohol*, whether taken in large, or in frequently-repeated small, doses, induces changes partly of a chemical and partly of a vital nature ; the general nutrition of the body suffers, and if the habit be long persisted in, an incurable cachexia results. The multiform evils which the use of *Alcohol* produces are so great that it may be truly stated, that if *Alcohol* had never been known, a vast amount of sin and crime, and a yet larger proportion of the poverty and misery now in the world, would never have existed. It may be observed that

although the production of wine by fermentation is a natural phenomenon, due to the existence of sugar in the grape, yet the art of distillation, by which the ardent spirit is educed, is a purely human invention.

Symptoms of Delirium Tremens.—The disease may only appear after a long course of alcoholic stimulation, or it may be suddenly developed after a protracted debauch. The earliest symptom is one of great mental and physical depression. The patient fancies he is haunted by spectres, and is afraid to be alone. A state of excitement and delirium follows, in which he becomes the victim of various painful delusions, chiefly having reference to his business, which he thinks is irretrievably ruined, or to his friends, whom he believes to be plotting against him. Haunted by spectral illusions and imaginary horrors, he desires to get up, and often makes violent efforts to escape from foes and danger. Sleep almost wholly forsakes him; he becomes restless, trembles, and is frequently endeavouring to change his posture; he declares that rats, mice, beetles, etc., are about his bed, that strangers are in the room, or that listeners are at the door or concealed behind the curtains. The patient is, however, easily subdued, and induced to remain quiet for a time. His eyes are restless, and the conjunctivæ red and injected; the face is usually pale, but sometimes flushed and wild-looking; the skin is commonly moist or clammy; the pulse weak and compressible, the action of the heart is often violent, and the tongue foul, with entire loss of appetite. The natural tendency of the disorder is to terminate in a critical sleep, at the end of some fifty to seventy hours after the commencement of the delirium.

Pathological Cause.—The delirious affection is caused by the direct action of *Alcohol* upon the nervous system, and is not the result of the sudden withdrawal of the accustomed stimulant. The experience derived from hospital practice,

and from prison discipline, abundantly proves that a person who indulges very freely in stimulants may suddenly abandon them without any risk. Indeed, as with other poisons, the great danger to be feared arises from their continued employment.

"I dare say you are all impressed with the general belief that delirium tremens depends mainly on abstracting stimulants from a person largely addicted to them. I will not say that it never depends on that; but what is more certain is, that it is much more likely to ensue when a person who is largely addicted to the use of stimulants leaves off food. So long as a man keeps up both the eating and the drinking, he is in little risk of delirium tremens. Either when he suddenly leaves off eating and takes to drinking, or when he gradually diminishes his food and increases his drink, he is in the greatest danger of that disease. So that we come to this—which may seem paradoxical and immoral too—that a man who both eats and drinks too much is in less danger than a man who commits only one of those excesses. The double fault is less mischievous than the single: the eating counteracts the harm that would ensue from the drinking. If we look about in society we may see this very plainly. There are still many persons habitually engaged in too great eating and drinking, doing both to excess; and they are in danger of breaking down in various defects of digestion and the consequent disturbances, but they are in no danger of delirium tremens. The people who are in that danger, and show the evil effects of drinking in the most marked form, are they who drink largely and eat little."—*Sir James Paget, F.R.S.*

Treatment.—The immediate cause of danger is exhaustion; hence the importance of supporting the strength by nutritious, digestible diet, in a fluid form, beef-tea, soups, yolk-of-eggs, warm milk, cocoa, etc., in small quantities frequently repeated. "The stimulus of such a spice as *cayenne pepper*, given in soup, on the atonic stomach, will have a favourable influence on absorption" (*Aitken*). A cup of *coffee* is sometimes useful to still the nervous excitement. It is important, at the same time, to eliminate the poison from the system; and this is best effected by hot or cold baths, and especially by the wet-pack (see Sec. 26). A tumbler of cold water given on entering the bath materially increases its

efficacy. The action of the skin should also be promoted by friction. The patient should remain in a quiet, darkened room, and everything be done to induce sleep, and obviate mental irritation. Skilful nursing is of great importance. If nourishments are not administered, and sleep does not succeed, the patient may sink from exhaustion.

The following remedies are useful at different stages of the disease according to the symptoms present:—*Bell.*, *Stram.*, *Hyos.*, *Opi.* 1x, *Nux V.* "*Stram.* in pure tincture, and 1x dilution, I have found successful in three very bad cases of Delirium Tremens" (*Dr. Dalzell*). "The most generally useful remedy in well-marked Delirium Tremens, is *Bell.* ϕ gtt. ij, every two hours. Sleep and a quiet night, with marked improvement next day, I have almost always found to ensue. In some cases, however, the patient is so obstreperous that he will not take regular doses of medicine, fancying that he is being poisoned. In such cases a full dose of *Chlor.-Hyd.*, grs. xxx—xl, may be given with advantage at bedtime" (*Dr. D. D. Brown*).

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## 17.—Chloroform, Ether (*Chloroform, Ætherum*).

If during the inhalation of *Chloroform*, especially at the commencement, the vapour be not well diluted with atmospheric air, dangerous symptoms may arise, as syncope or apnœa, or both at the same time.

Treatment.—Promptitude is all-important. *Immediate* exposure of the patient to currents of *fresh air*, and *cold affusion*, the tongue being drawn forward to open the windpipe. The head should be lowered, if the face be pale; raised, if turgid. The chest, cheeks, and extremities should be flapped with a wet towel, to stimulate the peripheral nerves. If not quickly successful, *artificial respiration* should

be performed (see Sec. 216). If this be commenced whilst the pulse is perceptible it is nearly always successful; even if the heart be too feeble for its impulse to be felt in the pulse at the wrist, it is often sufficient to restore its failing energies. Galvanism sometimes succeeds in restoring respiration. The introduction of a piece of ice into the rectum is generally followed by a deep breath, and the gradual restoration of natural breathing. If *Chloroform* have been swallowed, the stomach-pump is necessary; and afterwards Ammonia should be given, or ten minims of Liq. Ammoniæ, diluted with forty minims of water, may be injected into a vein of the arm, as is now done in Australia after bites from the most venomous serpents.

The treatment of *Ether* poisoning is the same.

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## 18.—Hydrate of Chloral.[1]

Many cases of fatal poisoning have been recorded. This fact need scarcely excite surprise when we remember the extensive adoption of this fashionable drug, and the large doses often taken.

The toxic effects upon the functions are in this order,—the cerebral, the voluntary muscular, the respiratory, the heart; and it is only when given in doses sufficiently large to induce a depressing effect upon the heart that any threatening or fatal result is to be feared (*Mr. Ronayne*).

Symptoms.—Faintness, gasping for breath, pulse rapid, weak, irregular in both force and rhythm; heart acts regularly, but with increased frequency and diminished force; jactitation of the limbs, intolerable sense of sinking and oppression at the pit of the stomach, confusion of thought. Later on, imperceptible pulse; suffocative dyspnœa; regular,

[1] See *H. World*, vol. vi. pp. 49, 171.

feeble, intensely rapid heart; urgent thirst; utter prostration of muscular strength; extended limbs; low head; wandering mind.

TREATMENT.—*Strychnia* is likely to prove an antidote. Fresh air should be freely admitted into the room; the white of eggs given, with a moderate amount of alcoholic stimulant; warmth applied to the extremities and over the cardiac region.

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## 19.—Deadly Nightshade—Belladonna (*Atropa Belladonna*).

The poisonous berries of this plant are often gathered and eaten by children, or even cooked in tarts; the root and leaves are also poisonous. Cases have been reported in which the external use of *Bell.*, as in plasters or liniments, has produced the characteristic symptoms of poisoning.

SYMPTOMS.—Dilatation of the pupils, indistinct vision, flushed face, a wild form of delirium, Vertigo, Convulsions, an unsteady gait, an eruption on the skin resembling that of Scarlet-Fever, and then constriction of the fauces and other symptoms follow. Death takes place by Coma. During the early symptoms, a cursory examination of such cases might suggest the idea of commencing Mania.

TREATMENT.—Same as for *Aconite*. *Opi.* is believed to be a direct antidote to *Bell.* Doses, from three to five or more drops of the pure tincture, noting its effect on the dilated pupil. *Opi.* and *Bell.* produce antagonistic effects. Brandy and other stimulants are also recommended.

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## 20.—Gelseminum (*Yellow Jessamine*).

All the cases of poisoning by this plant have occurred from over-doses in allopathic or botanic practice,

Symptoms.—These are generally double vision, falling of the upper eyelids, dimness of sight, staggering gait, paralysis of some parts of the muscular system, blunted sensation in arms and hands, dilatation of the pupils, frothing at the mouth, relaxation of all the muscles, and feebleness of the heart's action with scarcely perceptible pulse preceding death.

Treatment.—The prompt application of the galvanic current speedily relieves. Mustard-and-water, Cayenne pepper, Ammonia, and brandy, are of great benefit. If the surface become cold, warm baths, frictions, and hot bricks to the feet are advisable. The danger is soon past under proper treatment.

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## 21.—Prussic Acid[1] (*Acidum Hydrocyanicum*).

One of the most rapidly fatal poisons known; in a large dose it acts almost immediately.

The volatile oil of bitter almonds, cherry-laurel water (*Aqua Laurocerasi*), and noyau, contain *Ac.-Hydrocy.* They also contain the *Cyanide of Potassium*—a white salt used in photography—and a deadly poison, yielding *Ac.-Hydrocy.* directly it touches water. For this a solution of Sulphate of Iron has been found to be an efficient antidote.

Symptoms.—As it is a direct sedative, it produces almost immediate insensibility, with or without convulsions, and without marked effect on any special organ. The scream or shriek usually heard in animals directly its effects begin, have not been noticed in man. Death occurs by paralysis of the muscles of inspiration, the heart struggling to beat to the end, and by some condition of blood-poisoning due to an alteration in the physical or chemical state of the blood. It is a potent sedative to the brain and spinal cord, especially acting on the

[1] See *H. World*, vol. vii. p. 113.

respiratory ganglion and tract; the former being in the *corpora olivaria* of the *medulla oblongata*,[1] and the latter extending thence through the upper part of the spinal marrow. The poison reaches these bodies through the circulation, little more than a quarter of a minute being sufficient to diffuse it over the whole body. It is also extremely volatile, and becoming instantly gaseous by the heat of the stomach, it immediately enters the blood by endosmosis.

On a *post-mortem* examination, the eyes have a remarkably bright life-like appearance, and on first opening the abdomen the odour of the acid, which resembles that of bitter almonds, may be perceived; the blood is fluid, as after most sudden deaths, and the mucous membrane of the stomach is found of a rosy appearance.

Treatment.—It is exceedingly rare for a person to recover from a really dangerous dose; and the smallest fatal dose is said to have been 40 minims; but if present when it is taken we should *immediately* perform *cold affusion* by dashing the coldest water that can be procured over the face and head, and pouring it from a height from a jug on the back of the head, neck, and spine; at the same time, *Ammonia*, in any form, should be administered; it acts physiologically, counteracting the sedative effect of the poison; and as the heart is not paralysed, if respiration can be restored, the patient may survive. When *Ammonia* is given by inhalation it should be with caution and intermission, lest returning respiration be impeded. *Artificial respiration* (see Sec. 216) should never be neglected, whatever other remedies are tried, until the

[1] A proof of the action of this acid being mainly on the medulla oblongata and pneumogastric nerve—the incident nerve of inspiration, supplying the stomach as well as the lungs—is its use in allaying Hooping-cough and other nervous coughs, too rapid breathing, and those palpitations of the heart or arteries which are symptomatic of indigestion. It is, however, no direct sedative to the heart, and would be useless, or have a mere evanescent action, in organic cardiac disease, or Aneurism.

cessation of cardiac pulsations. A chemical antidote is *Aqua Chlorini*, or the watery solution of Chlorine, which decomposes the acid by taking its hydrogen. In the absence of this, thirty or forty drops of *Chloride of Lime*, or of *Soda*, may be given in water. Chlorine gas may be inhaled. Another chemical antidote is, moist *Peroxide of Iron*. Emetics are of no use, in consequence of the volatility of the poison, which becomes a gas by the heat of the body directly it enters the stomach, and so instantly penetrates the blood.

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## 22.—Monkshood—Aconite (*Aconitum*).

This poison may be taken accidentally, as when the root is dug up and eaten by mistake for horse-radish; it differs, however, by being a smaller root, sooner breaking up into fibres, and being externally of a brownish colour.

Symptoms.—The first effects usually come on within half an hour after taking the poison, and are—numbness and tingling in the lips, mouth, and fauces; tingling and loss of all proper sensation soon extend to the limbs and body generally, for *Aconite* and its alkaloid, *Aconitia*, are sedatives to the nerves of sensation; then constriction of the throat comes on, with difficult and hurried breathing, vomiting and purging, dimness of sight, dilated pupils, livid skin, and cold extremities.

Treatment.—In all cases of poisoning by *Aconite*, and most other vegetables, the stomach is to be first cleared out by an *emetic*, and then *castor oil* or other purgative given to clear the intestines. Large quantities of powdered animal charcoal should be given in water. Subsequent treatment must be regulated by the symptoms, and may include *coffee* as an anti-narcotic, bland fluids, and poultices for abdominal irritation. According to Fothergill, in the advanced stage of *Aconite* poisoning, *Digitalis* restores the heart's action.

## 23.—Foxglove—Digitalis (*Digitalis*).

Poisoning is most likely to arise from too long persistence in the use of this drug, under allopathic medication.

Symptoms.—Faintings; irregular, intermitting, or slow and feeble pulse; nausea, headache, vomiting, etc.; great depression.

Treatment.—Similar to *Aconite*. If a large dose have been swallowed, an emetic should be speedily given, and in any case, the patient must be kept perfectly horizontal, and wine or brandy given him. Galvanism, carefully employed, is probably useful in bad cases.

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## 24.—Tobacco.[1]

Symptoms.—Fainting; choking; nausea; vomiting; Vertigo; fluttering, feeble pulse; cold, clammy skin; extreme depression of the vital powers; delirium; convulsions.

Treatment.—Strong coffee and brandy should be given; warmth and friction applied to the surface; and artificial respiration resorted to, if necessary.

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## 25.—Nux Vomica—Strychnia (*Nux Vomica*).

Next to *Prussic Acid*, Strychnia is the most energetic of poisons, except, perhaps, that of some venomous reptiles, as the Cobra. The sixteenth part of a grain has killed a child, half a grain an adult.

Symptoms.[2]—A condition of spasm resembling Tetanus, but more convulsive and paroxysmal, with distressing sufferings, retention of mental faculties, livid face, opisthotonus, rigidity of the abdominal muscles, and death in from twenty minutes to two hours, from spasm of the diaphragm and other respiratory muscles.

[1] See *H. World*, vol. iv. p. 163; vol. v. p. 75; vol. vi. p. 226.

[2] Vol. vii. p. 42.

Treatment.—If the patient be seen before the spasms set in, the stomach should be immediately cleared by an emetic. Large quantities of powdered charcoal suspended in water should be promptly given. Before the jaw is spasmodically closed, the tube of a stomach-pump should be introduced into the œsophagus, and a flexible catheter into the larynx, both being secured against compression by the teeth. The poison can thus be removed, antidotes given, and, if necessary, *artificial respiration* performed (see Sec. 216). This should be continued long and patiently. After the spasms have commenced, sedatives must be used—the inhalation of *Chloroform;* large doses of *Chlor.-Hyd.;*[1] or *Tobacco* enema, or extract of *Indian Hemp*, or of *Calabar Bean*. *Powdered Charcoal*, it is said, will combine with the particles of the alkaloid *Strychnia*, and prevent its absorption. Subcutaneous injections of a solution of *Chlor.-Hyd.* have also proved curative. Cold may be applied to the spine by pounded ice in a bladder or an elastic tube. Dr. W. H. Burt records a case of poisoning by *Strychnine*, in which the spasms were most frightful, and the respiration nearly suspended, cured by *Ver.-Vir.*, the tetanic spasms being soon relaxed, and the patient well in three days. Nearly a teaspoonful was immediately given, afterwards two drops every ten minutes.

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## 26.—Poisonous Fungi (*Fungi Venenati*).

Poisoning from these substances is not often difficult to detect: if the symptoms occur after a meal at which some suspicious substance, as mushrooms, has been eaten; and if several persons are attacked at the same time, after partaking of some common meal, the suspicion of poison scarcely needs further confirmation. Some fungi act as narcotics and rapidly;

[1] See *H. World*, vol. viii. p. 141.

others as irritants and slowly. Poisonous fungi have an astringent, styptic taste, and a disagreeable, pungent odour.

Symptoms.—Chiefly those of bowel irritation,—colic, vomiting, and purging,—with great depression. The symptoms are sometimes felt within a few minutes after the fungi have been eaten, but in general not for several hours; the active principle apparently not being digested till it reaches the duodenum, so that it is absorbed by the bowels, and not by the stomach. Sometimes the symptoms are comatose, at other times choleraic.

Treatment.—If a patient be seen soon after the poison has been ingested, emetics are of great value; if not till the poison has passed the stomach, purgatives must be employed to expedite its removal from the system. Poultices, etc., may be applied to the abdomen.

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## 27.—Spanish Fly (*Cantharis*).

Symptoms.—Poisonous doses of *Cantharides* produce burning in the throat, pain in the abdomen, vomiting of bloody mucus, strangury, bloody urine, priapism, sometimes aphrodisia, diminution or suppression of urine, and, finally, convulsions and death.

Treatment.—If vomiting have not already taken place, an emetic should be given, but *no oils*. To relieve the strangury left after the poison has been ejected or eliminated, oleaginous and demulcent injections into the bladder are useful; a warm bath is also a valuable auxiliary. Subsequently, the administration of *Camphor* will remove the urinary difficulties consequent on an over-dose of *Cantharides*.

## 28.—Carbonic Acid and other Poisonous Gases.

*Carbonic Acid Gas* is a powerful narcotic poison, arising from various sources, as respiration, combustion, fermentation, the calcination of lime, etc. It is found in wells and cellars, and constitutes the choke-damp of coal mines. The fumes of burning charcoal owe their fatality to the presence of this gas, which charcoal gives off in greater quantities when newly lighted or burning dimly. Coal vapour is also injurious to life owing to the Carbonic Acid, Sulphuric Acid, and Sulphuretted and Carburetted Hydrogen Gases composing it. The latter, however, being irritants, their presence is quickly detected. Another dangerous vapour is that of a brick-kiln, which contains Carbonic Acid Gas, Ammonia, and Muriatic Acid Gas, the first predominating. Though it is unsafe to venture into an atmosphere which will not support a burning candle, the fact that a candle burns in any gaseous mixture does not prove that the air may be breathed with impunity.

Symptoms.—A sense of constriction and weight in the head; ringing in the ears; pungent sensation in the nose; somnolency; loss of muscular power, causing the person to fall; Dyspnœa, followed by Asphyxia; violent action of the heart, soon resulting in coma. The body remains warm, the limbs sometimes become rigid or convulsed, and the countenance, especially the eyelids and lips, assumes a livid appearance. These symptoms are sometimes inaugurated by a grateful sense of delirium, at others by acute sufferings.

Treatment.—The patient should be carried into the open air, however cold, laid upon his back with his head slightly raised, and his clothing removed; cold water should be suddenly thrown over the body, and hot water applied to the feet. Stimulants may be given internally or applied by friction, and aromatic vinegar or Ammonia by olfaction. The

face and body should be sponged with Eau-de-Cologne, brandy, or vinegar-and-water; and gentle electric shocks be given along the course of the nerves. But the great object is to restore breathing by *artificial respiration* (see Sec. 216). When the patient begins to recover, he should be taken to a warm bed, the windows of the room being thrown open. Condy's fluid should be freely exposed in the room. Stimulants may be taken sparingly, but cold acid beverages *ad libitum*.

# PART VI.

## Clinical Directory.

The Clinical Directory, as it originally appeared, was highly appreciated, and proved to be of effective service; we have, therefore, very carefully revised and enlarged it. In its preparation we have to acknowledge the valuable aid of many homœopathic physicians who have contributed the results of their practical experience. If any errors have crept in, we shall be glad to have them pointed out; we shall also be thankful to receive useful suggestions for future improvement.

It will be at once obvious that a ready and successful use of this Clinical Directory necessitates a previous knowledge of Materia Medica, as well as professional skill in diagnosing disease, and can only be of service *to refresh the memory.* Varied knowledge, observation, and tact, are essential in the art of prescribing, the perfection of which lies in the power of discrimination in individual cases, and of bringing into one focus the circumstances of parentage, habits of life, tendencies to diseased action, idiosyncrasies, etc., that may complicate them. To the qualifications just mentioned must be added that of *long practice.* The Clinical Directory will, however, be found generally useful if consulted in connection with the preceding Materia Medica.

As a set-off to many shortcomings, we may state that the Clinical Directory is almost exclusively the result of the per-

sonal observations of the Author and other practitioners who have been associated with him in the work ; and, consequently, includes prescriptions that have been abundantly tested and confirmed by long and varied experiences.

A few abbreviations are used, the chief of which are the following :—*alt.*, for *alternately* or *in alternation with ; int.*, for *internally* or *internal use ; ext.* for *externally* or *local use ;* the letter F., with a number attached, refers to the Appendix of *Formulæ* which follows the Directory, as F. 28.

A list of the medicines prescribed, with their names in full, their abbreviations, and the dilutions in most general use, as far as the Author's observations extend, follow the Appendix of *Formulæ.*

# The Clinical Directory.

**Abdomen**: DISTENDED—Sil., Sulph., Ars. 3x trit. (*in scrofulous children*); Cin. (*from worms*); Iod., Phyto., Ferr.-Mur. m. ij. ter die, Calc.-C., Ars.-Iod. 3x trit., Merc.-Iod. (*mesenteric*); Bapt. (*typhoid condition*); Dig., Tereb., Ars. (*Dropsy; see* **Ascites**); Coloc., *or* Nux V. (*tympanitis*); Cimic. (*pains shooting across*); China, Carbo V. 1x trit., Iris.

PAIN IN—*see* **Bowels.**

**Abscess**: ACUTE—Acon. *or* Bell. alt. Hep.-S.; Arn. (*early stage, and from an injury*); Merc.-S. Also Tomato or other poultices.

CHRONIC—Sil. alt. China ϕ (in 3 to 5 drop doses), Phos., Bary.-Carb. 3x, Sulph., Hep.-S., Calc.-C., Ac.-Phos., Sil., Aur. (*from diseased bone*).

OF LIVER—*see* **Liver.**

MAMMARY—*see* **Breast.**

SCROFULOUS—Calc.-Iod., Calc.-C., Sil., Sulph., Aur. 3x, Ars.-Iod., Ac.-Carbol.

**Acidity** (*Heartburn*): Nux V., Bry., Puls., Carbo V.; Lyc. (*in elderly persons*); Calc.-C. *or* Rob. (*chronic acidity*). (F. 59.)

*See also* **Dyspepsia.**

**Acne** (*Pimples*): HARD—Bell. (*in the plethoric*); Ac.-Phos. (*from onanism*); Bary.-Carb., Calc.-C. (*maggot-pimples*); K.-Brom., K.-Hydriod., Jug.-C., Ars., K.-Brom., Dros., Calc.-C., Sep. 3x trit., Rumex ϕ int., and Rumex and Sulph. ointment ext. (F. 54); Bor., Sulph., int. and ext. (*Sulph.* sometimes aggravates.)

ROSACEA—Ant.-C., Rhus Rad., Ars., Apis, Carbo An.; Agar. int. and ext., Nux V. *or* Opi. (*if from spirit-drinking*); Rhus 3x, Merc. 3x (*young persons*); Bell., Ars. (*severe and chronic cases*); locally Hypochloride of Sulph. (F. 56.)

STROPHULOSA (*white gum-rash*)—Ant.-C., Puls., Hep.-S., Calc.-C.

VULGARIS—Sarz. ϕ (*especially at the time of puberty*).

**After-pains**: *see* **Labour.**

**Ague**: China, *or* Sulph.-Quin. 1x trit.; Ars. (*chronic and undefined cases*); Cedr., Nat.-Mur., Carbo V.; Ipec. (*much gastric disturbance, with nausea*); Nux V., Ver.-Alb. (*chill predominating*); Ars. alt. Ipec. (*dumb-ague*); Ver.-Alb. (*severe and obstinate cases*); Bry. (*chill stage*); Gels. (*hot stage*); Sulph.-Quin., Ars. (*in the apyrexia*); Cit. of Iron and Quin. gr. j. thrice daily (*enlarged spleen following Ague*).

**Albuminuria**: *see* **Bright's Disease.**

**Alcohol**: EFFECTS OF—Nux V., Bell., Caps. (large doses given in sugar water), Agar., Opi., Ars.; Dig., K.-Brom., Strych., Sulph.-Quin. (*with tremors*); Ant.-T. (*gastric irritation*); Chloroform int.

*See* **Delirium Tremens** in Chap. on POISONS.

**Alopecia** (*loss of hair*): *see* **Hair.**

**Amaurosis**: ORGANIC (*blindness with a sluggish or immovable pupil*)—Zinc., Merc.-Cor., Bell., Phos., Sant., Ferr.-Mur. (*from anæmia in the young*); Cann., Solanum; Gels. (*desire for light*).

**Amblyopia** (*impaired vision from any cause except that of optical defect; incipient Amaurosis*): Ac.-Phos.,

China, Ferr., Ars., Anac., Phos. (*from debilitating causes*); Arn., Ruta, Nux V. 1x, Gels. 1x, Macrot. 1x trit. (*from over-use of the eyes*); Cimic. (*aching in eye-balls*); Spig., Coloc. (*great pain in the eyes*); Bell. *or* Spig. (*congested appearance of the eyes*); Cact. (*hyperæmia of the optic nerve*); Lith. (*partial or threatened Hemiopia*). Warm fomentations at night relieve the discomfort in and about the eyes. Further, a nourishing diet and sufficient rest and sleep should also be prescribed. Eye douche, cold, one to three minutes. The eye should be held over a small rising jet of water; forehead and temples should also be bathed in the same way.

*See also* **Sight,** *and* **Eyes.**

**Amenorrhœa** (*delayed, suppressed, or deficient menstruation*) *: see* **Menstruation.**

**Anæmia:** Ferr.-Red., Ferr.-Pyro-Phos., China (*from hæmorrhage*); Helon. 1x, Ac.-Phos., Ars., Iod., Merc., Macrot. Cold sponging with great caution.

**Anasarca** : *see* **Dropsy** : GENERAL.

**Aneurism:** K.-Hydriod. in large doses, Calc.-Phos., Iod., Lyc.; Acon., Ver.-Vir. (*for arterial excitement*); Dig. ϕ (*as a palliative*). Surgical treatment is often necessary.

**Anger:** EFFECTS OF—Acon. (*palpitation and arterial excitement*); Cham. (*bilious derangement*); Bry. (*headache*); Bell. *or* Hyos. (*brain disturbance*).

Mr. Nankivell, of York, has communicated to us a case of partial Paralysis of the tongue, with thick speech and slow utterance, the effect of anger, rapidly cured by *Acon.*

**Angina** : *see* **Throat, Croup,** *etc.*

**Angina Pectoris:** Ars., Cact., Dig., Ver.-Vir., Ver.-Alb., Hep.-S., Iod., Strych., Naja, China, Puls. ϕ, Aurum.

PAROXYSM OF—Dig. (*very slow, labouring pulse*); Chlor.-Hyd., grs. x. to xx., Chloric Ether, Ac.-Hydrocy.; Acon., Cimic., Spig. Nitrite of Amyl, inhalation of 3 to 5 drops. Brandy should not be forgotten.

**Ankles** : SPRAINED : *see* **Sprain.**

SWOLLEN—Apis, Ars., Puls., Ferr., China. Also REST in the horizontal posture.

WEAK—Calc.-Phos. 3x trit. almost specific; Calc.-Iod., Calc.-C., Phos., Sulph.

**Antigalactics** (*medicines for diminishing the secretion of milk*) : Calc.-C., Bry., Bell., Phos., Puls.

**Anus** : CONSTRICTED—Nux V. (*spasmodic closure of the sphincter ani*); Plumb., Bell., Graph. Dilatation may be necessary.

FISSURED AND SORE—Æscul., K.-Hydriod. 1x. Glycerole of Hydras., *or* Calend., locally (F. 6 or 11).

FISTULA OF — Sil., Caust. 3, Graph. 3x and 12, Sulph. 3 and 12, Calc.-C.; Ham. with Glyc. (F. 5) ext.; Injection of Ham. lotion (F. 40) (*associated with Piles*); Merc.-Precip.-Rub. 3x, and Glycerole of Starch medicated with the same (F. 3).

ITCHING OF—Sulph., Ac.-Nit., Ign., Thuja, Ars. Also for ext. use, to be applied three or four times daily (F. 1, 10, 39, or 48).

ITCHING OF, FROM WORMS—Cin., Ign. 6, Teuc. *See also* **Worms.**

PAIN IN—Æscul.

PROLAPSED—Podoph. (*at each stool with squirting Diarrhœa*); Ruta, Nux V. (*with Constipation*);

Graph. (*with Constipation and Piles*); Aloe (*with Piles and great irritation*); Ign. (*in children*); Merc., Ac.-Nit., Æscul., Ham. extract with Glyc. and water (F. 5) as an injection, *or* Phyto. 1x int. and Phyto. ϕ ʒj. and Glyc. of Starch (F. 2). Dr. H. Wheeler uses an injection of Ferr.-Mur. ʒj. ad aq. ʒviij.

**Anxiety, Care, Grief, etc.**: Effects of—Ign., Ac.-Phos., Anac., China, Acon., Gels., Nux V.

**Aphasia**: *see* Aphonia.

**Aphonia**: Caust., K.-Hydriod. (*syphilitic*); Phyto. (*complete or partial loss of voice*); Acon., Bell., Merc., Carbo V. (*catarrhal*); Ant.-T. (*from cold, with bronchial râles*); Ign., Nux V. (*nervous and hysterical*); Galvanism of the tongue.

Chronic—Phos., Carbo V., K.-Bich., Hep.-S. (*wheezing*).

From Over-use of the Voice—Caust. (*high voice*), K.-Bich. (*tenor*), Phos. (*bass*), Arn., Bary.-Carb.

**Aphthæ**: Merc., Bor., K.-Chlor., Ant.-T. (*with vomiting of milk after nursing*); Ars. (*ulcerous*); Ac.-Sulphs. 1x (*ulcerous in adults*); Bor., Hydras., Ac.-Carbol. 1x, *or* Sang., one part of any, to about twelve to fifteen parts of water, as a wash; *or* (F. 4); Sulphurous Acid Spray; *or* (F. 7) (*ulcerous Aphthæ*).

**Apoplexy**: Early Symptoms—Acon. alt. Bell. every hour, and fomentations to the head of hot water every two hours; Glon. (*throbbing headache in temples and full sensation*), Amyl.-Nit., Acon., Nux V., Bell., Gels.

Fit of—Acon. (*full, quick, strong pulse*); Bell. (*great redness of the face, and convulsive movements*); Opi.) *bloated, dusky-red face, stupor, and stertor*); Phos., Cocc., Rhus, Lyc., Arn. (*after-effects*).

Preventives—Nux V., Acon., Phos., Merc.; *also*, Avoidance of stimulating food and drink (especially beer), over-eating, excitement, haste, exposure to the hot sun, heated rooms, etc.

Ophthalmoscopic examination of the nervous tissues of the eyes is serviceable in diagnosis.

**Appetite**: Depraved—Ars., China, Calc.-C., Ferr., Nux V., Ac.-Nit.

Excessive—Cin. (*from worms*); China, Ac.-Phos. (*after illness*); Merc., Sil., Calc.-C., Gels., Ign. Patients with excessive appetite should eat slowly.

Lost or Deficient—China, Ferr., Macrot. 1x trit., Ac.-Phos., Still. 1x trit., Nux V. 1x, Ars., Merc., Puls., Nit.-Uran. The *cause* should be removed.

Variable—Cin., China, Iod., Calc.-C.

**Arteries**: Disease of—Phos., Lyc.

**Arthritis**: *see* Gout.

**Articular Rheumatism**: *see* Rheumatism.

**Ascarides**: *see* Worms.

**Ascites**: Apoc., Digitaline 1x with caution, Apis, Ars., Eup.-Pur. as an infusion; infusion of Dig. in ʒss doses; Nux V., China, Lyc. Crot.-Tig. is the most reliable remedy in Ascites from Cirrhosis of the liver.

**Asiatic Cholera**: *see* Cholera: Asiatic.

**Asthenopia** (*weak-sightedness from muscular fatigue; temporary Asthenopia may occur after severe fevers or other exhausting diseases*). The use of proper concave glasses. Good air and food, cold water douche, frequent rest of the eyes, and one or more of the remedies prescribed under Amblyopia, if from exhausting causes.

**Asthma**: Ipec., Ars., Gels., Plumb.,

Cact., Lob., Cup.-Acet., Nux V. alt. Carbo V. (*with dyspepsia, flatulence, etc.*)

PAROXYSM OF—Acon. (*arterial excitement; and when arising from cold*); Ver.-Vir. (*laboured breathing, with cold sweat on the face*); Ipec. ϕ gtt. j. every half-hour (*spasmodic, with retching*); Bell. (*nightly spasm*); Cup.-Acet., Ac.-Hydrocy., Lob. in large doses. Also inhalation of chloroform or oxygen.

CHRONIC—Ars., Sulph., Plumb., Nux V., K.-Hydriod.

CHILDREN'S—Samb. (*profuse perspiration*); Ipec. (*retching or sickness*); Ant.-T., Ars.

**Atrophy**: GENERAL—Ars., Zinc., Iod., Calc.-C., Sil. 3x, Phos., Sulph. Cod-liver oil. Also frictions, and exercise alternated with perfect rest.

**Back**: ACHING OF—Arn. (*from overexertion*); Rhus, Bry., Nux V., Gels.

PAIN IN—Cimic. (*crick-in-the-back*); Ant.-T., Acon., Canth., Tereb. (*from the kidneys*); Ham., Acon., Nux V., Æscul. (*from Piles*).

*See also* **Lumbago** *and* **Menstruation**: PAINFUL.

WEAKNESS OF—Sil., Rhus, Phos., Ign., China (*from nervous exhaustion*).

**Baker's Itch**: *see* **Lichen.**

**Balanitis** (*Inflammation of the glans and lining of the prepuce, with muco-purulent discharge*): Merc.-Cor. 3x; Calend. ext.

**Baldness**: *see* **Hair**: FALLING OFF OF.

**Barber's Itch**: *see* **Beard**: ACNE OF.

**Beard**: ACNE OF—Lyc., Graph. 2x trit., Merc.-S. 3x trit., Ant.-T., Merc.-Iod., *or* Sulph. int. and as an ointment or lotion (F. 34, 43, 54).

**Bed-sores**: Glycerine-cream, *or* Calend.-lotion; Calend.- *or* Arn. plaster for protection. Ung. Zinci (B.P.). In tedious cases, a water or air bed if possible.

PREVENTION OF—Frequent washing the parts exposed to pressure with soap-and-water; and, after drying with a soft towel, a little Glycerine or Glycerine of Starch (F. 2) should be gently rubbed over the parts. If redness of the skin appear, the parts should be moistened with brandy or some other proof spirit, to harden the skin. Spirit of proof strength is better than the usual prescription of brandy and water.

**Belching**: *see* **Eructations.**

**Bilious-Fever**: *see* **Remittent-Fever.**

**Biliousness**: Lept. 1x trit., Nux V., Merc., Bry., Podoph., Hep.-S., Ipec., Iris, Lept. alt. Podoph.

ATTACK OF—Bry., Puls. (*from indigestible food; vomiting of bile and mucus*); Acon. (*from cold or excitement*); Cham. (*in females, and from worry or passion*); Ver.-Alb., Iris ("*sick-headache,*" *with vomiting or diarrhœa*); Nux V. (*from stimulants, overfeeding, etc., with constipation.*)

*See also* **Liver, Constipation, Diarrhœa,** etc.

**Bites of Insects, etc.**: *see* **Stings.**

**Black-Eye**: Tinct. Arn. 1x int. and ext. (*if the lotion can be applied immediately*); Ham. (*broken skin, and if discoloration has taken place*).

**Bladder**: ATONY OF—Nux V. ϕ, with electricity; but the possibility of pregnancy should be considered; K.-Hydriod. (*with enlarged prostate*).

CATARRHAL INFLAMMATION OF—Acon. alt. Canth. (*from cold*);

Dulc., Uva 1x, also decoction ℥j. 4tis horis (*from damp*); Cann., Canth., Apis, K.-Hydriod., Chim. (*with much mucous or albuminous discharge*); Eup.-Pur. 2x, Ammon.-Mur., Ant.-C., Puls., Tereb., Zinc., Eryng.-Aquat., Sulph.

IRRITABILITY OF—Ferr. (*diurnal*); Bell., Canth., Sulph. (*nocturnal*); Nux V. (*with spasm, and in gouty persons*); Lyc. (*with gravel*); Ac.-Benz. (*strongly scented, high-coloured urine*). For irritability with pain at neck of bladder, a full bath, 85° for ten minutes, followed or not by a douche of two pails of cold water.

PARALYSIS OF—Cann.-Sat., Bell., Bary.-Carb., Acon., Nux V.

*See also* **Calculus, Hæmorrhage, Strangury, Urine,** etc.

**Bleeding :** *see* **Hæmorrhage.**

**Blindness :** *see* **Amaurosis, Amblyopia, Sight,** etc.

**Blister :** *see* **Burns and Scalds.**

**Blood:** SPITTING OF—*see* **Hæmoptysis.**

VOMITING OF—*see* **Hæmatemesis.**

**Bloody Flux :** *see* **Dysentery.**

**Blotches :** Ant.-C., Graph., Lyc., Clem., Ars., Apis.

**Boils :** Bell. *or* Arn. alt. Acon. (*when forming*); Sulph. alt. Bell.; and hot poultices (*when formed*); Sil., Hep.-S. (*when suppuration has occurred, but is torpid*); Muriate of Calc. lotion (F. 38) (*when very painful*).

TENDENCY TO—Sulph., Hep.-S., K.-Brom., China, Sulph.

**Bone :** CONTUSION OF—Ruta 3x and Ruta lotion ext.

EXOSTOSIS—Aur.-Mur. 3x and 6, Merc.-Iod., Sil.

INFLAMMATION AND CARIES OR ULCERATION OF — Asaf. 12, Merc. Aur., Arg.-Met., Ac.-Fluor., Sil., Ac.-Phos.; *also* Phyto. and (F. 9).

NECROSIS—Merc.-Prot.-Iod., Ars.-Iod., Sil., Ac.-Fluor., Symph., Phos., Ars., Asaf.

NODES—Sil., K.-Hydriod., K.-Bich. (*cranial*); Merc.-Cor. 6x (*tibial*); Staph., Rhus (*soft nodes*); Aur.-Mur. (*hard nodes*).

PAIN IN—Aur., Asaf., Merc., Ruta, Ac.-Nit., Ac.-Fluor., Ac.-Phos., Staph., Phyto.; Eup.-Pur. (*Influenza, bone-pains*).

PERIOSTITIS — Sil., Aur.-Mur., Mez., K.-Hydriod.

SOFTENING OF—Calc.-C., Sil., Ac.-Phos., Calc.-Phos., Phos., Merc., Sulph.

**Bowels :** *see* **Constipation, Diarrhœa, Hernia, Anus, Enteritis,** etc.

CONSUMPTION OF—*see* **Tabes Mesenterica.**

PAIN IN—Camph. (*severe, with chilliness*); Acon. (*feverishness or excitement*); Bell. 1x, Coloc. 2x.

*See also* **Colic.**

**Brain :** CONCUSSION OF—Arn. alt. Acon. *or* Bell., Cic.

CONGESTION OF—Bell. *or* Atropiæ Sulph. 3x. Bell. should be given first, then if necessary Atrop.-S. If these fail, Apis, Opi., Gels. (*cerebral depression*), *or* Glon. (*cerebral exaltation*); Ver.-Vir. (*children with gastric irritation*); Acon., Nux V., Bry.; Sulph.-Quin. (*intermittent*). In congestion from tubercular disease, or from teething, with convulsions, speedy relief may be obtained by applying to the head flannels wrung out of *hot* water. The fomentations should be continued for half-an-hour or more according to the severity of the case, and most frequently the child falls into a quiet sleep during the process.

DROPSY OF—Hell., Dig., Merc.,

Calc.-C., Sulph., Ferr.-Iod., Arn. 1x, Apis, Apoc., Sil.

INFLAMMATION OF—Acon.alt.Bell., Bry.; Stram. (*from tubercular deposit, with convulsions*); Ver.-Vir., Gels., Sulph. In cerebral Congestion, with much *mental excitement*, flushed face, etc., great and speedy relief may frequently be given by *packing* the legs (from the loins to the feet inclusive) in large towels wrung tightly out of mustard ("mustard bran") and hot water for twenty to thirty minutes, the bowels well covered with blankets. Plenty of mustard should be used, and, after the pack, the parts should be quickly wiped down with tepid damp towels (*Dr. Dalzell*). Hot fomentations to the head, as just recommended for Congestion, are also applicable for Inflammation, and may supersede the somewhat harsh mustard-pack.

SOFTENING OF—Merc. alt. Bell.; Ac.-Phos., Nux V., Zinc., Ars., Phos., Zinc.-Phos. 1x; Hypericum (*pain and other nerve symptoms*).

**Brain-fag**: Nux V. ϕ, Ac.-Phos., Gels., Glon., Strych.-Phos. $\frac{1}{200}$, Calc.-C., Sil., Anac., Staph., Zinc., Asar.-Europ., Iris. Sleep.

**Brain-Fever**: *see* **Typhus-Fever**; *or* **Brain**: INFLAMMATION OF.

**Branny-Tetter**: Ars., Graph., Lyc., Sulph.

**Breast**: ABSCESS OF—Bry. (*earliest symptoms*); Bell. (*shining red and swollen*) alt. Phos. int., and Phos. ϕ gtt. v. to gill of hot water ext. (*during formation*); Phyto. 1x int. and (F. 9), also spongio-piline over the breast, if Bry. and Phos. fail; Sil. *or* Hep.-S. (*torpidity*, or *imperfect suppuration*); Phyto. (*caked breast*).

CONTUSION OF—Coni.

EXCORIATION OF—Sulph.; Hydras. *or* Calend. ext. Glycerole of Starch (F. 2) and Phyto. (F. 9) are also recommended.

INFLAMMATION, HARDNESS, PAINFULNESS, or SWELLING OF—Bry.; Bell. (*shining red swelling*).

**Breast-Pang**: *see* **Angina Pectoris.**

**Breath**: FŒTID—Merc., Carbo V. Chin.-Sulph., Ant.-C., Aur., Ac.-Nit., Acon., Ac.-Carbol.

**Breathing**: SHORT or DIFFICULT—Acon., Ac.-Hydrocy.; Ars. (*tightness and debility*); Ipec. (*wheezing, [dry] and with nausea*); Ant.-T. (*rattling [moist]*); Iod. (*emaciation*); Ferr. (*anæmia*); Hep.-S., Cup., Scill., Spong. Friction over the chest with cod-liver oil, or with Glycerine, often relieves difficult breathing.

*See also* **Croup** *and* **Asthma.**

**Bright's Disease**: Ars., Phos., Canth. (*casts from fatty degeneration*); Merc., Phyto., Kreas., Nux V., Ac.-Phos., Tereb. Hot-air baths. Many striking cases of cure have been recorded from an exclusive milk diet, *quant. plac.*, not boiled, no medicine whatever having been prescribed.

*See also* **Kidneys**: INFLAMMATION OF, *and* **Nephritis.**

**Bronchial Catarrh** ("*cold on the chest*"): Bry., preceded by a few doses of Acon., Ars., *or* K.-Hydriod.; Camph. *or* Kreas. (*at the outset*).

**Bronchitis**: ACUTE—Acon., Ant.-T. 2x, K.-Bich., Bry., Ipec., Phos. 3 (*cough, expectoration of stringy mucus, Bronchorrhœa*).

IN CHILDREN—Acon., Ant.-T., Phos., Ipec., Ver.-Vir., Lobel.

IN OLD PERSONS—Ant.-T., Ammon.-Carb. (*difficult expulsion of mucus*); Coni., Carbo V., Phos., Hydras., K.-Bic

CHRONIC — Ant.-T., K.-Bich. 6, Ars. 3, Merc., Hydras., Phos., Scill., Stann., Seneg., Sulph., K.-Hydriod.; Ant.-T. (*gouty Bronchitis*); Lobel. (*obstinate bronchial cough with dyspnœa*).

*See also* **Cough.**

**Bronchocele:** *see* **Goitre.**

**Brow-Ague:** Sulph.-Quin., Glon., Bell., Nux V., Chel., Ars.

**Bruise:** *see* **Contusion.**

**Bubo:** Merc., Ac.-Nit., Merc.-Biniod., Aur.-Mur., Phyto. int. and ext. Iodoform locally. Calendula on poultices.

**Bunion:** Arn., Ruta., Ver.-Vir. ext. (*if inflamed*); Hep.-S., Sil.; *and* Calend. *or* Ac.-Acet. lot. ext. (*if suppurating*).

**Burns and Scalds:** Cotton-wool saturated with lotion of Urt.-U. (*simple injury*); Canth. (*blisters*), *or* Kreas. Olive Oil and Carbolic Acid *or* (F. 32) to be applied on layers of cotton wool. On renewing the application, the lowest layer should not be removed, but re-soaked. "In treating burns by means of Ac.-Carbol., the pain is much more speedily relieved by leaving the injured surface exposed to the air, and applying the Carbol. oil with a feather or camel's hair pencil, at longer or shorter intervals as required" (*Dr. Dalzell*). When the ulcerative process has well begun, Calend. Cerate, thinned with Ol. Ol. The oil alone is, however, very soothing and comforting. Dr. Holland, from extensive experience in the treatment of burns, strongly recommends the Lin. Calcis. (F. 24). A thick lather made with soft water and Castile soap, often applied, is excellent.

ULCERS FROM — Calend., Glyc. cerate, *or* Urt.-U. (F. 27) ext., *and* Sulph., Phos., *or* Ars. int.

**Cæcum:** INFLAMMATION OF — Ver.-Vir., applied locally as a lotion (concentrated tincture ʒj. ad aq. ʒiv).

**Calculus:** BILIARY — Ac.-Phos., Lyc., Berb. ϕ, Canth.; Podoph. (*for expulsion*).

SPASM WHILST PASSING — Nux V., Gels., Acon., Cham. Hot hip-baths or fomentations. Chloroform or Morphia by hypodermic injection is also recommended.

VESICAL — Lyc., Cann.-Sat., Canth., Merc. (*early symptoms*). Surgical measures.

*See also* **Gravel.**

**Cancer:** Ars., Hydras. large doses, Phyto., Coni. (*of the breast*); Phos. (*of the stomach*); Thuja (*epithelial*); Aur. (*of bone*). Hydras. cold infusion ʒj. to water Oj. locally. Several cases of Cancer of the lip have been cured by *Hydras.* ext. with *Ars.* int. at the same time. Lapis Albus.

PALLIATIVES IN — Acon. (from root) ϕ int. and ext., Ars. (*for pain*); Coni. ext., Ver.-Vir. int. and ext.; Carbo An., Ac.-Carbol., Condy's Flnd, Charcoal, or fresh-ground Coffee (*as deodorisers*).

*See also* **Scirrhus.**

**Cancrum Oris:** *see* **Mouth:** CANKER OF.

**Carbuncle:** Bell. alt. Hep.-S. (*forming-stage and simple cases*); Apis (*much erysipelatoid swelling*); Sil. (*indolent*); Ars. *or* Lach. (*severe or malignant*). Tomato or yeast poultice.

**Carcinoma:** *see* **Cancer.**

**Cardialgia (Mordens):** *see* **Heartburn.**

**Carditis:** *see* **Heart:** INFLAMMATION OF.

**Caries** (*unhealthy inflammation of bone, with softening, and molecular disintegration, from Scrofula, Syphilis, Mercury, etc.*).

*See* **Bone, Teeth, Jaw,** etc.

**Catalepsy**: Cann.-Ind., Opi., Cup.-Acet., Cic. Cold douche.

**Cataract**: Bell. (*from inflammation*); Calc.-C. (*in the strumous*); Sil., Coni., Euphr., Phos., Sulph.; Sang. relieves *senile* Cataract.

**Catarrh**: *see* **Cold.**

**Chafing**: *see* **Excoriation.**

**Chancre**: Merc., Ac.-Nit., Hep.-S., K.-Hydriod., Phyto. Calomel, Phyto. *or* Iodoform locally.

**Change of Life**: *see* **Menstruation**: CESSATION OF.

**Chapped-hands**: *see* **Hands.**

**Chapped-Nostrils**: Calend. Cerate.

*See also* **Nose**: SORENESS OF.

**Chest**: ACHING, BURNING, or WEAKNESS OF—Acon., Ars., Phos., Ac.-Phos., Sulph., Bry.

DROPSY OF—Bry., Apis, Arn, alt., Hep. *or* Ars. (*following Pleurisy*); Iod., K.-Hydriod. (*in the scrofulous*); Dig., Apoc. (*consequent on heart-disease*).

PAINS IN—Arn. (*stitch-in-the-side when walking*); Bry. (*pain catching the breath*); Phos. (*slight wandering pains*); Acon. (*shooting and severe*); Puls., Sep., Cimic. (*under left breast in women, and intercostal Rheumatism*).

SORENESS, RAWNESS, or EXCORIATION IN—Ars., Phos., Bry., Hep.-S. (*rawness*); Sulph., K.-Hydriod.

TIGHTNESS, OPPRESSION, or WEIGHT—Ars., Acon., Crot., Ign., Phos., Bry., Cact., Ipec., Sulph., Camph.

*See also* **Lungs, Heart, Pleurisy, Breathing, Cough,** etc.

**Chicken-pox**: Acon. alt. Rhus; Bell. (*head-symptoms*); Apis (*excessive itching*); Canth. Inunction with camphorated oil relieves itching and inflammation (F. 25).

**Chilblain**: SIMPLE—Agar., Tamus, Rhus, Arn., Puls. int. and ext. Glycerole of Ac.-Sulph$^{s}$. (F. 12); Ham. lotion (F. 40); *or* Ac.-Carbol. ext.

INFLAMED—Bell., Ver.-Vir., Rhus, int. and ext.

BROKEN—Petrol., Agar., Rhus; Calend. ext., Glycerole of Starch and Calend. (F. 3).

ULCERATED—Ars., Petrol., Phos., Kreas., Ac.-Nit. A cerate or lotion of Calend., Rhus, Petrol., or Glycer., is a beneficial adjunct.

TENDENCY TO—Sulph., Calc.-C., Phos.

**Child-bed Fever**: *see* **Puerperal Fever.**

**Child-Crowing**: *see* **Croup.**

**Chilliness** *and* **Coldness**: FITS OF—Camph., Acon., Bry.

CONSTANT—China, Merc., Sep.

*See also* **Shiverings.**

**Chin-cough**: *see* HOOPING-COUGH.

**Chin-whelk**: *see* **Beard**: ACNE OF.

**Chlorosis**: Ferr.-Red., Ferr.-Iod., Puls., Calc.-C., Sep., Nat.-Mur., Helon.

*See also* **Menstruation**: SCANTY.

**Cholera**: SIMPLE, ENGLISH, or SPORADIC—Camph. (*strong chills*), China (*simple, with griping*); Ver.-Alb., Acon. $\phi$, Ars. (*sudden and violent vomiting and purging*); Iris (*bilious motions and colicky pains*); Cup.-M., Ver.-Alb. (*cramps and blueness*); Acon., Ars. (*collapse*).

ASIATIC, MALIGNANT, *or* CHOLERA MORBUS—*Rubini's* Camph. (*early stage*), *or* Acon. in drop-doses of the strong tincture; Ars. (*when developed*); Ver.-Alb. (*vomiting and diarrhœa predominant*); Cup.-M. (*severe cramps*); Phos., Ars., Carbo V. (*typhoid conditions*); China, Ac.-Phos. (*con-*

*valescence*); Acon., Ars., Ver.-Alb. (*collapse*), Ac.-Hydrocy. Hypodermic injection of *Chlor.-Hyd.* (one pint to ten of water) is said to arrest spasms.

INFANTUM—Apoc., Ars.

**Chordee**: Acon. int. and ext., Gels.,[1] Canth., Bell., Chlor.-Hyd.,[2] Camphor lotion.

**Chorea**: Cup.-M., Bell., Agar., Stram., Ars., Ign. (*from fright; recent and simple*); Cin., Sant., Merc. (*from worms*); Ver.-Vir., Strych. (*from cerebral irritation*); Aur. (*with Otorrhœa after Scarlatina*); Cimic., Spig. (*in rheumatic patients*); Ars., Zinc., Iod. (*chronic*). Cold or tepid baths.

**Circulation**: LANGUID—Lept. (*from liver disease*); Dig. (*from enfeebled heart*); Sep. *or* Ferr. (*females with scanty or deranged period*); Sulph., Bell. Also daily active exercise in the open air, the morning bath, and *vigorous frictions*. Sponging with cold water to which sea-salt is added, is often preferable to the bath, but with caution. Ling's specific movements—active and passive—Swedish movement cure. Icy coldness of the legs and feet has been quickly relieved by the *spinal ice-bag*, used half an hour to an hour *once* or *twice* a day.

[1] Dr. Douglas has communicated to us several cases of violent painful nocturnal erections, in which relief was rapid and permanent after a short course of *Gels.* ϕ, in drop-doses, repeated hourly, for several times.

[2] In a desperate case of Chordee, occurring in the first stage of Gonorrhœa, in which there was much hardness and congestion of the penis, and the pain so severe as almost to drive the patient to desperation, Dr. E. M. Hale gave 15 grs. of *Chlor.-Hyd.*, which produced immediate relief and sleep; the dose was repeated on the following evening, and the Chordee did not return.

**Cirrhosis**: Merc.-Cor., Merc.-Dig., Ac.-Nit., Ars., P Phyto.; Crot.-Tig. (*with Ascites.*)

**Clap**: *see* **Gonorrhœa.**

**Clergyman's Sore Throat**: *see* **Throat.**

**Cold**: IN THE HEAD[1] — Camph., Gels. (*incipient cold with chills*); Acon. (*early stage with feverishness*); Dulc. (*from damp, wet, etc.*); Ars. (*thin, acrid discharge, with influenza taint*); Merc. 6 (*sneezing, thick discharge, sore throat, chilliness, and perspirations*); K.-Hydriod. 3x (*sneezing and simple fluid discharge*); Puls. (*in females and children, thick fœtid discharge, and loss of taste and smell*); Nux V. ("*stuffy cold*"); Euphr. (*acrid fluent coryza, profuse lachrymation and redness of conjunctiva*); K.-Bich. (*chronic catarrh, with tough sputa, digestive derangement, etc.*). Turkish baths.

ON THE CHEST—*see* **Bronchial Catarrh,** *and* **Bronchitis.**

SENSITIVENESS TO—Camph., Rumex, Iod., Hep.-S., K.-Hydriod., Sulph.; Sep. (*females*); Dulc. (*best prophylactic against cold from damp*); Ars., Merc., Sil., Ac.-Nit. (*habitual*); Gels., Nux V., Phos., Sabad.

**Colic**: Coloc. (*paroxysmal with diarrhœa*); Diosc. (*bilious*); Bell., Plumb. (*with constipa-*

[1] A correspondent in the *Medical Press and Circular*, Feb. 28, 1872, recommends the following remedy for Coryza:—*Nitrate of Silver* in powder, one part, *Sugar of Milk* nine parts. The whole should be reduced (triturated) to an impalpable powder, and about half a pinch drawn up the nostrils three or four times daily. In two days it is said to avert cold in the head and its consequences. During the treatment, *sneezing* and *blowing the nose* must as much as possible be avoided, so as not to shake the partitions of the nasal fossæ too much.

*tion*); Ver.-Alb. (*Colic, with or without diarrhœa, if accompanied by vomiting of bilious matter*); Iris, Collin. (*obstinate cases, with flatulence*); Colch. (*in gouty patients*); Nux V. (*tendency to colic; also from indulgence in food; and from fatigue*). A hot sitz-bath (deep), 98° to 100°, for ten to fifteen minutes, followed by friction of the abdomen for a minute or two with a cold, wet hand, is very useful; or large, hot fomentation.

In Children — Cham., Bry., Coloc., Cin., Nux V., Ipec.

In Nervous Females—Cocc., Plat., Sec., Caul., Ign. (*uterine*).

From Lead—*see* **Lead-Colic.**

**Coma**: *see* **Sleep**: Comatose.

**Concussion**: *see* **Brain, Spine,** etc.

**Condylomata** (*syphilitic warty excrescences*): Ac.-Nit., Thuja, Merc.-Cor., Sabi., int. and ext. Phyto. and Glycerine (F. 9); Iodide of Potash ointment (F. 51).

**Congestion**: *see* **Brain, Liver, Lungs,** etc.

**Conjunctivitis**: Arg.-Nit., Merc.-Cor., Bell., Nux, Euphr., Ars., K.-Bich., Sulph.; Gels., int. and ext. Dr. Mackechnie adds, "For simple catarrhal conjunctivitis Nux V. is before all others."

*See also* **Eyes**: Inflammation of.

**Constipation**: Chronic—Sulph. 6; Nux V. 6 (*irregular action*); Bry., Opi. (*torpor*); Plumb. (*obstinate cases, with passage of hard small balls*); Lyc. (*with flatulence*); Hydras. (*simple cases with debility*); Æscul. (*with Piles and much pain*); Collin. 1x to 3x trit. (*simple cases, and those complicated by Piles or uterine disturbance*); Alum., Graph., Podoph., Nat.-Mur., Sep. Also shallow sitz-baths for five to ten minutes, cold or 60° to 75°, according to reactive power. Friction of abdomen with the hand, after dipping it in cold water, for fifteen minutes in the morning.

Recent—Acon. (*with fever*); Bry., Nux V. alt. Sulph.

In Children—Bry., Sulph., Nux V., Æscul., Kreas. (*in emaciated children, with teething troubles*); Alum., Opi., Sil., Collin.

In Old Persons—Ant.-C., Opi., Hydras., Collin.

During Pregnancy: *see* **Pregnancy.**

**Consumption**: *see* **Phthisis Pulmonalis.**

Of the Bowels—*see* **Tabes Mesenterica.**

**Contusion**: Arn. lotion; Coni. (*involving the female breast*); Ruta (*the tibia*); Ham. (*with discoloration*).

**Convulsions**: Infantile—Bell. alt. Acon. frequently; Bell. (*red, swollen face*); Cham. (*from indigestion, colic, etc.*); Ign. *or* Cin. (*from worms*); Glon. (*with Hydrocephalus*); Cup.-M., Ver.-Alb. (*with cramps*); Opi. (*from fright*); Gels. (*rigidity*); Ver.-Vir., Chlor.-Hyd. Also a warm bath, and, above all things, enemata of warm water. If these all fail, two drops of chloroform in gum-water, every fifteen minutes: this is reported to have saved many lives.

Epileptic—*see* **Epilepsy.**

Hysteric—*see* **Hysteria.**

Puerperal—*see* **Puerperal Convulsions.**

**Cornea**: Specks on the—Merc.-Cor., K.-Hydriod., administered on alternate weeks; also using

the same remedy as a lotion. Hydras. lotion is also recommended. Dr. Wheeler informs us that he has removed many opacities by a steady course of Phos. 6x and Sil. 6x.

**Corns**: HARD—Arn. *or* Ruta int. and ext.; Sulph., Calc.-C., Sil. 3 and 30 int.

INFLAMED—Alternate hot and cold water as applications. Ver.-Vir. as a paint.

SOFT—Arnica-plaster.

**Corpulency**: *see* **Obesity.**

**Coryza** (*Cold-in-the-head*): *see* **Cold.**

**Cough**: DRY—Acon. (*recent, burning dryness in throat, feverishness*); Bell. (*spasmodic, with cerebral congestion, worse at night*); Bry. (*hard, tight, irritating, shaking whole body, burning soreness under breast-bone, stitches in chest*); Caust. (*hoarseness, involuntary urination*); Lauro., Hyos. (*worse at night on lying down, or coming on about 3 a.m.*); Sulph. (*obstinate, tight, following eruptions*); Iod., Brom., Spong.; Ac.-Nit., Ac.-Sulph. by spray-producer (*laryngeal, tickling*); Lach. (*as if something in throat ought to be coughed up to afford relief*); Rumex (*worse when talking or in cold air, soreness under breast-bone*); Ipec. (*recent wheezing, nausea, or vomiting*); Phos. (*short, laryngeal, and bronchial tendency to lung disease, soreness in chest*); Graph. (*gruff voice*); Gels. (*severe in children*); Seneg., Verbas. (*short, hard*).

MOIST—Ant.-T. (*profuse, easy expectoration, vomiting—no remedy of wider range*); K.-Bich. (*tough, stringy mucus, difficult expectoration*); Puls. (*loose, worse on lying down, for women, children*); Merc., Stann. (*chronic, purulent sputa, night sweats*); Hep.-S. (*chronic, due to organic disease, chronic indigestion*); Ac.-Nit. (*chronic, after subsidence of lung disease*); Phos. (*bronchial and lung disease, brown sputa*); Sulph. (*yellow mucus, Asthma, following eruptions*); Ars. (*debility, tight chest, difficult breathing at night*); Cocc.-Cact. (*spasmodic, after midnight with vomiting, copious expectoration*); Sep., K.-Carb., Lyc., Scill., Crotalus, Naja, Samb., Seneg., Sticta.

*See also* **Hæmoptysis**: *and* **Voice**: HOARSE.

NERVOUS AND HYSTERIC—Hyos., Ign., Ambra, Agar., Coral., Coni., Cup.-M., Rumex, Nux V.

SPASMODIC—Dros., K.-Brom. (*tickling, retching, worse at night, like "hooping" without "hoop"*); Ipec. (*vomiting*); Nux V. (*headache as if bruised, stomach cough after meals*); Coral., Ac.-Nit., Cup.-M., Ver., Bell. The frequency and violence of nervous coughs may be controlled by determined efforts of the patient's will.

*See also* **Hooping-cough.**

**Coup-de-Soleil**: *see* **Sunstroke.**

**Courses**: *see* **Menstruation.**

**Cracks in the Skin**: OF HANDS AND FINGERS—Merc.-Cor.,[1] Petrol., Caust., Graph., Sil., Hep.-S., Glyc. of Starch (F. 2) *or* Calend.-cerate (*if deep and bleeding*); Glyc. of Aloe (F. 1).

LIPS AND NOSE—Merc., Graph. Calc.-C., Ars., Ant.-T., Sep. Glyc. of Starch (F. 2), *or* Aloes

[1] A professional correspondent informs us of the cure of an old-standing case by *Merc.-Cor.* 3x trit., after *Ars.* and *Hep.-S.* had done nothing; avoidance of scrubbing and washing clothes was enjoined till the cure was effected. Similar cases have since been reported to us.

(F. 1). Aloes cures cracks in the skin of horses.

**Cramp**: *see* **Spasms.**

**Crick-in-the-Back**: Acon., Arn. (*recent*); Ant.-T., Rhus (*chronic*); Cimic., Bry., Nux V.

*See* **Lumbago.**

NECK—Acon. (*from cold*), either alone *or* alt. Bell., Ant.-T.; Dulc. (*from damp*); Bry., Nux V., Phyto.

**Critical Age**: *see* **Menstruation**: CESSATION OF.

**Croup**: CATARRHAL—Acon. alt. Spong.; Bry. alt. Ipec. ϕ every ten minutes; *and* hot-water applications to the throat by means of a sponge.

MEMBRANOUS—Iod., Hep., K.-Bich., Brom. Inhalation of vapour from slaking lime; *or* tinct. of *Iod.* or *Brom.* dropped in *hot* water, the patient to inhale the vapour; *or* a tent may be formed over the patient's bed, and the steam conducted under it by a tube. See also under Diphtheria, the diseases being analogous.

SPASMODIC—Acon. alt. Spong., Bell., Gels.; K.-Brom. (*with convulsions*); Mosch. by inhalation; Cup.-M., Coral.

**Crusta Lactea**: Viola Tric., Crot., Sep., Sulph., Calc.-C., Rhus.

**Cuts**: *see* **Wounds.**

**Cyanosis**: Dig., Cup.-M., Lach., Ars., Ver.-Alb., Lauro. The treatment can only be expected to be palliative.

**Cynanche Tonsillaris**: *see* **Quinsy.**

**Cystitis**: *see* **Bladder**: CATARRHAL INFLAMMATION OF.

**Dandriff**: Ars., Graph., Sulph., Lyc., Rhus. Lotion of Borax, Camphor, etc. (F. 37).

**Deafness**: RECENT, FROM COLD—Acon., Bell., Merc., Gels., Dulc., Puls. (*especially when caused by draughts while travelling or wet*).

CHRONIC (*from enlarged tonsils*)—Bary.-Iod., Iod.-Sulph., Merc.-Iod., Iod., Bell., K.-Hydriod., Calc.-Phos., Bary.-Carb. Also Turkish Baths.

AFTER ERUPTIVE FEVERS—Sulph., Bell., Merc., Chel. (*deranged liver*).

FROM NERVOUS CAUSES—Phos., Petrol. (*noises in the ear*); Ac.-Phos.; China *or* Sulph.-Quin. (*periodic, or with roaring and buzzing noises in the head*).

**Debility**: CONSTITUTIONAL—Iod. (*tendency to faint, or to glandular enlargements*); Aletris; Ars., Merc., Ac.-Phos., Calc.-C., Ferr.-Phos. (*debility, especially of children*). In some cases, mild water treatment.

FROM LOSS OF ANIMAL FLUIDS—China, Ac.-Phos.; Ferr. (*anæmic*). Glycerine, or cod-liver oil.

NERVOUS—Ac.-Phos., Mosch. (*feeble pulse, cold extremities, dejection, etc.*); Ign., Nux V. (*from bad habits*); China.

**Delirium Tremens**: Opi. 1x, Bell. ϕ, Agar., Stram., Nux V. ϕ, Hyos., Ars., K.-Brom. ϕ ʒss. Capsicum, *or* strong coffee in large doses. Dr. Dalzell reports that *Stram.* 1x, in drop doses, every one or two hours, has acted splendidly in two very bad cases, characterised by *violent, noisy* delirium, and *complete Insomnia.*

**Dentition**: DISORDERS DURING—Cham. (*fretfulness and sour diarrhœa*); Acon. (*feverishness*); Bell., Ver.-Vir., *or* Gels. (*head symptoms, and convulsions, with redness of the face*); Kreas. (*emaciation, great irritability, wakefulness, and constipation*);

Calc.-C. (*too early or too late*); Phyto.

**Depression of Spirits**: Ars. (*with emaciation*); Merc., Nux V., Podoph. (*with biliousness or liver derangement*); Ign. (*from nervous causes and mental emotion*); Puls., Plat., Cimic. (*in females, with deranged menstruation*); Aur., K.-Brom. (*suicidal tendency*); Ac.-Phos. (*with nervous debility*); Arn. (*with much sighing and weak heart*); Sec., Sulph., China, Lyc. Warm baths, for short periods.

**Derbyshire-Neck**: *see* **Goitre.**

**Diabetes**: Uran.-Nit., Ac.-Phos., Ars., Nux V., Tereb., Helon., Gentian. Skim-milk diet alone.

**Diarrhœa**: From Indigestible Food—Puls., Nux V., Ant.-C., Ipec.

From Cold—Camph. (*sudden, with chilliness*); Acon., Merc., Dulc. (*damp*); Coloc. (*with colic*).

Chronic—China (*in afternoon*); Ars., Merc.-Cor., Podoph.; Puls. (*nocturnal*); Lept., Aloes, Merc.-Cor. (*dysenteric, with piles*). Ol. ric. ϕ, gtt. ij. Milk diet.

Dysenteric — Lept., Merc.-Cor. 3x; Aloes (*with Piles*); Merc.-Dulcis 1x trit. iii.-v. grs. for adults (*from disease of the liver*).

Morning — Apis, Rumex, Ac.-Phos., Nuph.

Summer—Chin., Iris, Ver.-Alb., Ars.

In Children — Cham., Merc., Rheum, Calc.-C., Iod., Iris, Ars.; China, Ferr. *or* Pepsin ϕ (*passage of undigested food*).

*See also* **Tabes Mesenterica.**

In the Aged—Ant.-C., Phos., Ars.

**Diplopia**: *see* **Sight**: Double.

**Diphtheria**: Bell., Phyto. (*mild, simple cases*); Merc.-Biniod. 2x, 1 gr. every hour for four doses, then every two or three hours; Glycerine every three or four hours; plenty of good soup and wine. Bapt. (*typhoid symptoms*); Merc.-Iod. (*much swelling of the glands*); K.-Bich., Iod.; Ac.-Mur., Liq. Calcis Chlor., Ars. alt. Ammon.-Carb. (*malignant, with great prostration and severe typhoid condition*); Ac.-Mur., *or* Ac.-Nit., Gargle of Phyto., *or* K.-Permang., Ac.-Sulphˢ. spray; *and* inhalation of vapour of slaking lime continuously. Alcohol applied by brush or atomizer. Gargle:—Brom. ʒj., Glyc. ʒj., mixed with water, or as a paint to the throat. In an epidemic that occurred in Melbourne, Dr. Gunst found the following gargle of the greatest service:—One drachm of Milk-of-Sulphur suspended in a pint of water.

Sequelæ—Phyto. (*hoarseness, etc.*); Dig. (*enfeebled heart*); Gels., Ign., Coni., Strych. (*Paralysis*); China, Sulph.-Quin. (*debility*); Phos., Rhus, Sulph., Sec. (*diarrhœa*); Ars. (*Albuminuria*).

**Dizziness**: *see* **Vertigo.**

**Dropsy**: General—Dig. (*from heart disease*); Ars., Elat., Apis, Hell., China, Apoc.; Acon. (*recent febrile*).

Local—Apoc., Ars., Apis (*abdomen: see* **Ascites**); Ars., Bry., Dig., Hell. (*chest*); Ars., Apis, Ferr., Sulph.-Quin., China (*extremities*); Apis, Ars. (*face*); Hell., Apoc., Bell., Sulph., Calc.-C., Sil. (*head*); Acon., Iod., Puls., Bry. (*joints*); Iod., Rhod., Aur. (*scrotum*). Dropsy from kidney-disease is said to be greatly helped by milk diet, as recommended in **Bright's Disease**, q.v.

Post-Scarlatinal — Ars., Apis, Apoc., Canth., Tereb. (also after intermittent fevers), Sulph., Zinc. Great attention to the skin,

smart sponging with hot saline water, and towel rubbings, followed by inunction of olive or cod-liver oil.

**Drowsiness** : MORBID — Acon. (*with yawning and general weariness*); Lyc. (*after dinner, with atony of the digestive organs*); Opi. (*preceded by excitement*).

*See also* **Sleep** : COMATOSE.

**Dumb-Ague** : Ipec., Carbo V., Cedr.

**Dysentery** : Acon. ϕ alt. Merc.-Cor. 3x; Coloc. (*much colic*); Ham. 1x (*much blood*); Carbo V. (*chronic in the strumous*); Bapt. 1x (*passive*); Ipec., Podoph. (*children with prolapse of bowel*). All recent cases of dysentery that I recollect have yielded quickly —*i.e.*, within two days—to Merc.-Cor. 3x trit., if without much pain; if with pain in the abdomen, Merc.-Cor. alt. Coloc. 1. Do not recollect *any* failures. (W. F.)

CHRONIC—Aloes (*much straining, also when piles are present*); Sulph.-Quin. (*periodic*); Ac.-Nit., Merc.-Cor., Nux V., Ars., Sulph.

**Dysmennorrhœa** : *see* **Menstruation** : PAINFUL.

**Dyspepsia** : ACUTE—Nux V. (*from indigestible food; pain, spasms, etc.; or after mental exertion*); Puls., Ant.-C. (*from rich, fatty food, especially in children, the aged, and females*); Carbo V. (*in the aged*); Ipec., Coff., Acon., Bry.

CHRONIC — Nux V. (*pain after food, headache, flatulence, and constipation with urging, Piles, etc.*); Bry. (*sense of pressure, as of a stone in the stomach, with tenderness; congestive headache; head and stomach symptoms, worse with every movement; constipation without inclination to stool*); Puls. (*nausea, heart-burn, flatulence, and vomiting of mucus, or diarrhœa*); Carbo V. 6x (*oppression of the chest, with "fluttering" or palpitation of the heart from excessive flatulence, foul flatulence, acidity, and offensive diarrhœa*); Lyc. (*weakness, much flatulence, sleepiness after even light meals, and chronic constipation; acid risings, especially in old persons; lithic acid deposit in urine*); Merc. (*depraved taste, offensive breath, waterbrash, oppression after food, "biliousness," costiveness, pale stools, and depression of spirits*); Pepsin 1x trit. (*distress after food, regurgitation of wind, retching*, see F. 59); K.-Bich. (*chilliness, sense of coldness in stomach, yellow-coated or red tongue, heat of hands, dryness of mouth, etc.*); Rob. (*acidity with gaseous eructations*); Ign., Nux V. (*from grief, care, etc., with nervous symptoms*); Cham. (*in children and females, from worry, or from cold, with "bilious" headache, irritability*); Hydras. (*atonic or acetous dyspepsia, flatulence, torpidity of the liver, constipation, and languid circulation; sense of "goneness"*), also Gels.; Sulph. (*chronic constipation, Piles, eruptions, etc.; strumous dyspepsia*; also as an intercurrent remedy, and frequently alt. Nux V.); Hep.-S. (*obstinate cases; also when* Mercury *has injured the patient*); China, Sulph.-Quin. (*flatulence, anorexia, drowsiness, and oppression after eating*); Ant.-T., Ipec. (*retchings and vomitings*); Acon., Ars. (*from cold*); Calc.-C. (*indigestion with gulping up of food soon after it is swallowed—a kind of rumination*); Arn. (*from over-exertion*); Ars., Rhus, Bism., Arg.-Nit. 3, Zinc. The abdominal compress is a valuable adjunct. Excessive indulgence in tea, or other hot beverage, is often a cause of indigestion, and has

sometimes to be entirely relinquished.

CONSTITUTIONAL *or* DYSCRATIC—Calc.-C. alt. Puls. *or* Rob. (*chronic acidity, with tendency to diarrhœa*); Sulph. alt. Nux V. (*flatulence, biliousness, tendency to constipation*); Ferr., Helon., (*anæmic patients*); Phos., Iod., Ars., Sill.

**Dyspnœa**: *see* **Breathing.**

**Ear**: ACHING OF—Puls., Bell., Cham., Merc.-S., Ver.-Vir., Gels. (*with toothache*); China (*periodic*).

INFLAMMATION OF—Acon. alt. Bell. *or* Puls.; Bell., Merc.-S.

DISCHARGE FROM AND SORENESS OF—Merc., Ac.-Carbol. locally (*thick, bloody, and fœtid discharge*); Puls., K.-Bich. (*thin discharge; and when it follows Measles*); Aur. (*yellow, fœtid discharge*); Ac.-Mur. (*Eczema, with burning itching; and when following Scarlet Fever*); Calc.-C., Ars., Hep., Sulph. (*chronic*).

NOISES IN—Sulph.-Quin., *or* Ac.-Phos. (*with deafness*); Nux V., Ign. (*sensitiveness to sound*); Bell., Ver.-Vir. (*ringing noises from congestion, with nausea*); Mosch., Puls., Acon., Macrot., Graph. (*roaring, thundering*).

**Ecchymosis** (*discoloration from extravasation of blood under the skin, as from a bruise*)—Arn. (*when quite recent*); Ham. (*much discoloration*); Ac.-Mur. (*petechiæ*); Rhus, Ruta.

*See also* **Purpura Hæmorrhagica.**

**Ecthyma** (*a cutaneous pustular disease*): Ant.-T., Ars., Merc., Rhus.

**Eczema**: SIMPLE—Acon. alt. Rhus, Sep., Led., Crot.-Tig., Sulph, ("*heat spots*"); Clem., Jug.-C. Professor Wilson's ointment of Benzoated Zinc has a most admirable effect in healing Eczema. "It does not *drive the eruption in*, as it is termed" (*Dr. Johnson*). General bathing is of great value in Eczema, as it promotes the functional activity of healthy skin, and so compensates for the defective action of diseased portions. For this purpose, pure rain water is best. Patients should eat some uncooked vegetables every day, on account of the potash salts they contain.

RUBRUM (*great redness and burning*): Ars., Ant.-T., Nux Jug., Rhus, Crot.-Tig., Merc., K.-Bich.

SCALLED HEAD *and* MILK-CRUST—Merc.-Cor., Rhus, Graph., Viola Tric., Ant.-T., Calc.-C., K.-Bich., Sil., Hep-S., Nux Jug. Lotions of Carbolic Acid (F. 32).

**Emaciation**: Ars., Iod., Ferr., Merc., China, K.-Hydriod., Calc.-C.

*See also* **Atrophy.**

**Emissions**: *see* **Spermatorrhœa.**

**Encephalitis** (*inflammation within the cranium*): Acon. alt. Arn. (*if from an injury*); Bell., Ver.-Vir., Hyos., Opi. (*for the brain symptoms*); Bry., Hell., Apis (*effusion*). "In Encephalitis and every form of inflammation of the brain and its membranes," writes Mr. Nankivell, "I apply clothes wrung out of *hot* water, renewing them as soon as cool. This is more homœopathic and beneficial than cold."

**Endocarditis**: *see* **Heart**: INFLAMMATION OF, AND ITS MEMBRANES.

**Enteralgia**: *see* **Bowels**: PAIN IN *also* **Colic.**

**Enteric-fever** (*Typhoid Fever*): Bapt., Gels. (*earliest symptoms*); Ars. (*developed disease*) alt. Ipec. (*or*

*cessive diarrhœa; also with Epistaxis*) ; Ver.-Alb. (*involuntary diarrhœa*)) ; Ars., Ac.-Mur., *or* Rhus (*extreme prostration*) ; Tereb. *or* Ac.-Nit. (*intestinal hæmorrhage*) ; Phos., Bry. (*lung complication*) ; Hyos., Bell., Opi. (*brain disturbance*) ; Ac.-Phos., China, Ammon.-Carb., Nux V. (*debility following*).

**Enteritis** (*Inflammation of the bowels*) ; Acon. alt. Merc.-Cor., Ver.-Vir., Ars. Also *hot* fomentations, and a wet compress afterwards.

**Enuresis** : *see* **Urine** : INCONTINENCE OF.

**Epilepsy** : RECENT—Ign. (*in children and females*) ; Viscum (*menorrhagic subjects*) ; Ac.-Hydrocy., K.-Hydriod., Bell. in 3 to 5 drop doses, Ver.-Vir.

CHRONIC—Bell., Cup.-M., Arg.-Nit., Hyos., Stram., Zinc., Calc.-C., Sulph. ; Opi. (*fits in sleep*) ; Cina, Teuc., Ign. (*from worms*); Nux V., Agar., Opi., Cocc. (*from alcohol*); Phos., Ac.-Phos., China, Nuph., Arg.-Nit., Ferr. (*from sexual excesses*) ; Plumb., Ars., Cic., Zizia, Scutel. K.-Brom. is often palliative when other remedies fail.

**Epistaxis** : *see* **Nose** : BLEEDING FROM.

**Erections** : ABNORMAL — Ac.-Phos., Lyc., *or* Nuph. (*feeble and painful*) ; Acon., Bell., Gels. (*spasmodic*).

*See also* **Chordee.**

**Eructations** : Nux V., Bry., Arg.-Nit., Lyc., Puls., Rob., Iris, Ac.-Sulphs., Calc.-C., Ars., Carbo V.

*See* **Dyspepsia.**

**Eruptions** : GENERAL—Rhus (*vesicular with much itching*) ; Sulph., Merc. (*non-vesicular, with excessive itching, worse in warmth*) ; Bry. (*papular, burning itching*); Acon. (*recent burning itching, dryness of the skin*) ; Ars., Phyto. (*chronic, much burning, and formation of scales*); Ant.-T., Senec. (*pustular*) ; Apis, Led. (*similar to bee-stings, with itching, and œdematous swelling*) ; Canth. (*patchy eruption, with superficial redness, and burning*) ; Bell. (*bright red patches*) ; Puls. (*similar to Measles*) ; Calc.-C., Rhus, Viola Tric., Graph. (*formation of scabs*) ; Hep.-S. (*dry scabs*); Staph. (*stinking*) ; Sil., Sep., Phyto., Lyc., Phos., Clem.

SUPPRESSED—Sulph., Bry., Ant.-T., Camph., Puls.

*See also* **Eczema, Psoriasis, Herpes, Acne, Nettle-rash,** etc.

**Erysipelas** : Acon. *or* Ver.-Vir. int. and ext. (*at commencement and occasionally during its course*) ; Bell. (*bright redness with very little swelling : also when brain is involved*) ; Apis (*much swelling*) ; Rhus (*simple vesicular*) ; Canth. int. and as a lotion (F. 29) (*vesicular with much burning; also for* Arnica-*erysipelas*) ; Ver. Vir. (*vesicular, with severe head symptoms*) ; Ars., Lach. (*much prostration; and when the disease assumes a low type*) ; Sulph. (*chronic*). Also Ver.-Vir. ϕ ext., 10 to 20 drops to eight ounces of water, or pure tinct. as a paint. Also Glycerole of Bell. *or* Ver.-Vir. (F. 13) covered with muslin. Mr. Nankivell says :—"In dangerous cases of Erysipelas of the scalp, with delirium, I believe it to be good practice to make a great many fine punctures, or scarifications, with a good lancet, and then use soap and hot water."

**Erythema** (*a superficial inflammatory redness of the skin*) : Bell., Acon., Apis, K.-Bich., Nux V., Ferr., Rhus (*E. nodosum*).

**Excitement**: MENTAL—EFFECTS OF—Acon., Bell. (*headache and palpitation*); Coff. (*sleeplessness*); Cham. (*with bilious derangement*); Nux V.

**Excoriation**: Cham. (*in infants*); Lyc., Sulph., Calc.-C. (*unhealthy subjects*); Calend. *or* Hydras. ext.

PREVENTION OF—Tepid washing, careful drying, and Calend. lot., morning and night, for the earliest symptoms. Starch powder, or a weak solution of Borax (F. 36). Bismuth powder.

**Excrescences**: IN WOUNDS, ETC.—Ac.-Nit., Carbo An., Sil., Ac.-Carbol. ext. (*for "proud flesh"*); Ars., Ant.-C., Phos., Lach., Thuja, Phyto. Sugar, or Soap and Sugar, locally applied.

*See also* **Warts.**

**Exhaustion** and **Fatigue**: MENTAL—Ac.-Phos., Nux V., Gels., Calc.-C., Ign., Anac., Sil.

MUSCULAR *or* PHYSICAL — Arn., Ruta, Rhus, Hydras. Arnica bath, *see* **Myalgia.**

**Exophthalmic Goitre**: *see* **Goitre**: EXOPHTHALMIC.

**Expectoration**: *see* **Cough**: MOIST.

**Extremities**: *see* **Hands, Feet,** etc.

**Eyes**: ACHING OF, *and* PAIN IN—Spig., Cimic.; Ruta, Euphr., Arn. int. and ext. (*from overuse*); Nux V. (*over-use, especially by artificial light*); Gels. (*pain in the eyes with dizziness*); Euphr. (*profuse lachrymation*); Acon., Bell. (*burning in eyeballs, with frontal headache*).

BLACK—Arn. *or* Ham. ext.

BLEAR-EYES—*see* **Eyelids**: GRANULAR.

BLOOD-SHOT—Acon. (*recent, from cold*); Bell.; Arn. (*from mechanical causes — sneezing, foreign bodies, etc.*); Ars. (*chronic; also with ulceration of cornea*); Spig., Cact., Sulph. (*scrofulous Ophthalmia*).

INFLAMMATION OF—Acon., Euphr., Merc., Arg.-Nit., Macrot., Sulph. (*catarrhal*); Merc.-Cor., Bell., Coni., Nux V., Spig., Gels. (*great intolerance of light*); Ars., Ant.-T. (*great intolerance, with strumous Ophthalmia*); Clem., Calc.-C., Hep.-S., Iod., Hydras., Sulph. (*chronic and strumous*). In strumous Ophthalmia, the instillation of Atropine—gr. j. ad aq. des. ℥j.—giving Bell. internally at the same time, and afterwards Sulph. *or* Ars., is almost invariably successful. Merc., Ac.-Nit., Aur., K.-Hydriod., Thuja (*syphilitic*); Arg.-Nit., Calc.-C. (*in infants*); Ars. (*corneal ulceration*); Puls., Bell., Merc., Ant.-T., Sulph. (*following the eruptive fevers*). *Also* Calend. ext. (*for soreness*); Euphr. (*profuse discharge of tears*). *Poultice.*—An excellent poultice may be made by mixing a pinch of powdered alum with a tablespoonful of cream, and clotting the whole by means of a gentle heat. This not only relieves the pain, but also reduces the inflammation and prevents agglutination of the eyelids.

OVER-USE OF—*see above.*

SPECKS *or* SPOTS FLOATING BEFORE—Hyos., Bell., Cocc., Coni., Merc., Ruta, Chel., Solanum (*rings and gauze before the eyes*); Ferri Cit. et Quin. (*from Anæmia*); Kali.-Hydriod. (*chronic*).

WEAKNESS OF—Ruta int. and ext.; Sulph., Phos., Iod.; Ver.-Vir. (*dimness from congestion*).

WOUNDS OF—Acon. alt. Arn.; Arn. *or* Calend. ext.—in *weak* lotion.

*See also* **Sight** *and* **Amblyopia.**

**Eyelids**: AGGLUTINATION OF—Merc.-Cor., Calc.-C., Hep.-S. 2x, Sulph., K.-Bich., Puls.

*See also* **Eyes**: INFLAMMATION OF.

GRANULAR—Merc.-Cor., Ars., K.-Bich., Graph., Hep.-S., Sulph., Calc.-C., Puls., Phyto., Zinc.

STYE ON—Puls. alt. Acon.; Hep.-S., Sulph., Calc.-C., Apis, Merc.-Iod., and ointment of (F. 49); Thuja (*chronic*); Sulph. *or* Staph. (*to prevent recurrence*).

VESICLES ON—Rhus, Hep.-S. *Also* Calend. *or* Euphr. ext.

**Face**: ACHE—Acon. (*from cold or depressing influences*); Bell. (*redness of the face and brain-disturbance*); Cham. and Merc.-S. alt. every two or three hours (*one-sided face-ache from cold*); Coloc., Cimic. (*severe neuralgic shooting or cutting pains*); Ars. (*periodical*); Spig. (*pain extending to the orbits*); Gels. (*with twitching of the face*); Chel. (*morning neuralgia; or from hepatic disorder*); Cimic. (*with uterine derangement*); Cham. (*with swelling and irritability*); Chin.-Sulph., 1 or 1x trit. (*face-ache relieved by pressing a cold object on the cheek, or by walking up and down a room*).

*See also* **Gum-boil, Toothache,** *and* **Neuralgia.**

PALE AND SUNKEN—Ars. (*emaciation*); Ferr., Helon. (*anæmia; see also* **Anæmia**); Calc.-C., Iod., Ac.-Phos.; China, *or* Cin. (*from worms*).

REDNESS OF — Nux V. (*flushing after meals*); Acon. (*from excitement*), *or* Bell. (*scarlet redness*); Sep. (*flushes*); Ferr.

SALLOW—Merc., China, Bry., Podoph., Ars.

SWELLING OF—Bell. (*with bright redness*); Cham. (*with toothache*); Apis (*puffy swelling*). Local applications of hot and moist chamomile or elder flowers in flannel. *See also* **Gum-boil.**

**Fæces**: Bry. (*very large*); Merc. (*pale and costive, with depressed spirits*); Nux V., Collin. 1x trit. (*hard and large, and expelled only after frequent effort*); Nux V. (*when the difficulty arises from irritable spasm of sphincter*); Sulph. (*knotty*); Plumb. (*dark, hard, small balls*); Opi. (*dark and knotty, with great torpor of the bowels*); Alum. (*soft but difficult*); Dig. (*white*); Graph. (*hard and knotty*); Ars., China, *or* Ferr. (*containing undigested food*); Ars., Ver.-Alb. (*watery*); Sec., Phos., *or* Ac.-Phos. (*passed involuntarily*); Puls., Cham., Caps., *or* Merc. (*mucous*); Lept. (*black*).

*See also* **Diarrhœa, Dysentery,** etc.

**Fainting**: Mosch. *or* Camph. by olfaction; Acon., Opi. (*from fright*); Nux V., Nux Mosch. Also the HORIZONTAL POSTURE. "I have seen a patient nearly dead from neglect of this. The case was desperate, and the syncope so intense that I had to place the head much lower than the body before the brain responded and sent nerve-power to the heart" (*J. H. Nankivell, M.R.C.S.*).

TENDENCY TO—Iod. (*from constitutional causes*); China (*from loss of fluids*); Ars. (*great debility*); Ver.-Alb. (*coldness and blueness of the skin, with clammy sweat*); Cham., Cocc., *or* Ign. (*hysterical*).

**Faintness**: SENSE OF AT EPIGASTRIUM—Cimic., Gels., Lept.

**Falls** *and* **Stuns**: *see* **Contusion,** *and* **Brain, Spine,** etc.

**Famine-Fever**: *see* **Relapsing Fever.**

**Fatigue**: *see* **Exhaustion.**

**Favus**: *see* **Porrigo.**

**Fear**: *see* **Fright.**

**Febricula**: Acon.; Camph. (*sudden chilliness*); Bell. (*headache*); Ars. (*with prostration*).

**Feet**: ACHING, BLISTERED, *and* SORE—Arn. int. and ext. as a bath (*from over-walking*); Arg.-Met.

*See also* **Myalgia.**

BURNING IN—Canth. (*in the soles at night in hysteric females*); Calc.-C., Graph., Phos., Ac.-Phos., Led.

CHILBLAINS ON—*see* **Chilblains.**

COLDNESS OF—Sulph. (*with hot hands and face*); Ferr., Sil., Nat.-Mur., Sep., Puls., Graph. Daily use of the skipping-rope, walking, or other active exercise; also sufficient meat and other stimulating diet. Washing the feet *with*, but not *in*, cold water, every morning.

*See also* **Circulation**: LANGUID.

GOUT IN—Rhus, Led., Rhod., Sulph., Sabi., Arn., Lec. Friction with oil for twenty minutes morning and night.

PAINS IN—Bry. *or* Led. (*rheumatic or gouty*); Rhod. (*nearalgic*). Friction with oil.

PERSPIRATION OF—Sil. (*suppressed or excessive; fœtor*); Calc.-C., Graph., Petrol., Ac.-Nit.

SWELLING OF (ŒDEMATOUS)—Ars. (*with emaciation*); China (with *simple debility*); Ferr (*with anæmia*); Sil., Apis, Phos., Puls, Caust., Sulph. Friction with oil.

WEAKNESS OF—China, Sulph. Friction with oil.

*See* **Ankles.**

**Felon**: Sil., Ac.-Carbol. 3x, Apis.

*See* **Whitlow.**

**Fester**: Ac.-Nit. int. *and* locally. TENDENCY TO—Petrol.

**Fever**: SIMPLE, *and* SIMPLE CONTINUED—Acon. (*full, bounding, quick pulse, aching pains in the limbs, without brain-symptoms*); Ver.-Vir. (*same as* Acon., *but with gastric and brain disturbance*); Bell. (*brain-disturbance, — red face, throbbing temples, etc., and moderate pulse*); Gels. (*remittent or passing off without perspiration; "inward fever"*); Bry. (*heavy stupefying headache, shooting pains in limbs*); Ars. (*prolonged, occurring in feeble patients*); Bapt., Ars., Ac.-Mur. (*"low fever;" typhoid symptoms*). In simple continued fever, *Bapt.* should be given early, especially when *Acon.* does little good.

**Finger**: GATHERED—*see* **Whitlow.**

**Fissures**: *see* **Cracks.**

**Fistula**: Sil., Calc.-C., Ac.-Fluor., Caust., Sulph., Phyto., Lyc. Surgical measures sometimes necessary.

*See* **Anus,** etc.

**Fits**: *see* **Epilepsy, Hysteria, Fainting, Apoplexy, Convulsions,** etc.

**Flatulence**: Nux V., Carbo V., Puls. (*of stomach*); Asaf., China, Lyc. (*of abdomen*); Tereb., Collin., Arg.-Nit.

*See also* **Dyspepsia.**

**Flatulent distention**: Chloroform in drop doses.

**Flooding**: *see* **Labour** *and* **Menstruation.**

**Fluor Albus**: *see* **Leucorrhœa.**

**Flushing of Heat**: Nux V. (*in the face after meals*); Acon.-Bell. (*from excitement*); Cimic., Sep., Apis, Lach. (*flushes at the climacteric period*). Flushes should suggest inquiry for irritation of the spine.

*See* **Menses**: CESSATION OF.

**Fœtid Breath**: *see* **Breath**: OFFENSIVE.

**Fracture**: TO PROMOTE ADHESION IN—Ruta, Symph., Calc.-C., Sil.

**Freckles**: Phos., Graph., Sulph., Ac.-Nit., Sep., Natr.-Mur., Canth.

**Fright**: EFFECTS OF—Acon. (*palpitation* or *quickened circulation*); Coff. (*extreme nervous irritability*); Opi. (*stupor*); Hyos., Bell. (*brain disturbance, especially in children*); Ign. (*convulsive movements*); Gels. (*affecting bowels or bladder*); Anac., Cham., Nux V.

**Frog**: *see* **Aphthæ.**

**Frost-bite**: Rubbing the part with snow, afterwards with cold water, and avoiding exposure to heat, so as to prevent too sudden reaction.

*See also* **Chilblain.**

**Fungus**: *see* **Excrescences.**

**Furunculus**: *see* **Boil.**

**Gall-Stones**: Podoph., Merc., Nux V.; Chel. ϕ expels and prevents. Berb. ϕ, Acon., Opi. (*during their passage*); Sulph. (*to prevent re-formation*). ℥ij. to ℥iv. of olive oil facilitates their expulsion.

**Ganglion**: Ruta., Arn., Sil., Calc.-C., Ac.-Benz., Hep.-S. Also (F. 47 and 49) ext.

**Gangrene**: Ars., Lach., China, Carbo V., Sec. Ac.-Carbol. int. and ext., or a yeast or carrot poultice.

**Gastric-Fever**: *see* **Enteric-Fever.**

**Gastritis**: *see* **Stomach**: INFLAMMATION OF.

**Gastrodynia** *and* **Gastralgia**: Ars. 2x, Bism., Nux V.

*See* **Stomach**: PAIN IN.

**Gathering**: *see* **Breast, Whitlow, Boil,** etc.

**Giddiness**: *see* **Vertigo.**

**Gin-colic**: Acon., Merc., Bry., Nux V.

**Glandular Swellings**: ACUTE—Bary.-Carb., Bell., Rhus (*hard stony feeling*); Hep.-S., Merc., Sil. (*when suppuration is threatened*). Hot fomentations or poultices.

CHRONIC—Merc.-Iod., Iod., Calc.-C., Calc.-Phos., K.-Hydriod., Sulph., Bary.-Carb., Coni., Phyto. int. and ext. (*hard swellings*); Compress of linen dipped in lotion of K.-Hydriod. Frictions with oil for thirty minutes twice daily.

**Glaucoma**: K.-Hydriod. (*congestion and inflammation of the choroid*); Merc. (*hepatic, uterine, or hæmorrhoidal complications*); Nux. V., Ham., or Collin. (*co-existing hæmorrhoids*); Spig., Bry., Colch. (*rheumatic or arthritic symptoms*); Bell., Spig., Merc., Cham. (*ciliary neuralgia*).

**Gleet**: Cinnabar, Cann.-Sat., Canth., Ferr., Puls., Nux V., Petrol., Petros., China, Sulph. 3x trit. Dr. J. M. Moore writes—Petrol. 2 or 3 has cured, in my hands, many cases of *long standing*. Injection of Glycerine and Hydras. (F. 14). Sea-bathing.

**Glossitis**: *see* **Tongue**: INFLAMMATION OF.

**Goitre**: Spong., Merc.-Iod., Iod., Brom., Sulph. Merc.-Biniod. ointment (F. 49) applied to the Goitre, and a hot iron held close to scorch it in. Lapis Albus.

*See also* **Glandular Swellings.**

EXOPHTHALMIC—Bell.; Ferr. (*anæmia*); Ars., China, Ac.-Phos.

**Gonorrhœa**: Cann.-Sat. ϕ 3 to 5 drops thrice daily, Gels. ϕ (drop doses), Merc.-Cor., Canth., Thuja, Bell. Injections: Chloride of Zinc (F. 19); Glycerole of Tannin (F. 18). K.-Permang. (F. 16) is said to cure in two or three days. The testicles should be supported by a suspensory bandage.

*See also* **Gleet, Chordee,** *and* **Chancre.**

**Gout**: ACUTE—Acon., Bry., Colch., Dig., Lyc., Arn.; *also* Arn., Acon., Led., Ac.-Acet., *or* Ol.-Æscul. ext.

CHRONIC—Puls., Sulph., Led. (*rheumatic gout*); Nux V., Bry., Rhod. (*of the upper extremities*); Rhus, K.-Hydriod., Staph., Podoph. 1x, in two-grain doses, morning and night, in addition to more closely indicated medicines. Frictions with oil. Buxton Waters. A course of Friedrichshall and Carlsbad water is also recommended.

**Gravel**: Lyc., Sarz., Ac.-Phos., Bry., Nux V., Eup.-Pur. Milk. Cider. Drinking soft or distilled water.

**Green-Sickness**: *see* **Chlorosis.**

**Grief**: *see* **Anxiety.**

**Gripes**: *see* **Colic.**

**Grubs**: *see* **Maggot-Pimple.**

**Gum-boil**: Acon. alt. Bell. (*first symptoms*); Merc.-V., Sil., Hep.-S. (*suppurative stage*); Merc., Phos. (*to prevent recurrence*). Powdered alum, locally.

**Gum-rash**: Cham., Ant.-C., Puls., Calc.-C.

**Gum-scurvy**: Merc.-Cor., Ac.-Nit., K.-Chlor., Carbo V., Ars., Sulph., Staph. *Also* Ac.-Carbol. wash.

**Gutta Serena**: *see* **Amaurosis.**

**Hæmatemesis**: Acon. (*flushed face, full pulse, and in plethoric persons*); Ipec. (*bright-red blood, with much sickness*); Ham. (*venous blood*); Ham. 1x alt. Acon. 2x, *or* Puls. and hip baths (*vicarious menstruation*); Arn. (*from injury; dark blood*); Ac.-Nit., Acaliph.-In. 5x. The stomach should *rest*, and the patient be fed by the rectum. Beef-tea and cream, essence of meat, etc., form nourishing enemata. Iced-water or lemonade may be sipped.

**Hæmoptysis**: Ipec., Phos., Ham. (*venous*); Mill. (*arterial*); Acaliph.-In. 5x, Apoc., Ferr.; Acon. (*plethoric patients*); Arn. (*from injury*). Absolute rest of mind and body. Rest on a mattress with the head and shoulder a little raised.

**Hæmorrhage**: From the BLADDER or KIDNEYS—Canth., Tereb., Mill., Ham. ϕ.

BOWELS—Tereb., Ham., Ipec., Ars., Ferr.-Phos., Erig.-C. *See also* **Hæmorrhoids** and **Dysentery.**

LUNGS—*see* **Hæmoptysis.**

NOSE—*see* **Nose**: BLEEDING FROM.

STOMACH—*see* **Hæmatemesis.**

UTERUS—Croc. (*dark*); Sabi. (*bright-red*); Sec., Ham., Caul., Ipec., Plat., Trill.

*See also* **Labour** *and* **Menstruation.**

**Hæmorrhoids**: Nux V. alt. Sulph. (*for persons of sedentary habits*); Sulph., Æscul. (*fleshy Piles*); *or* Nux V. (*constipation*); Collin. (*constipation with uterine difficulties*); Acon. ϕ alt. Ars. *or* Carbo V. (*when inflamed*); Aloe, Collin., *or* Nux V. (*during pregnancy*).

BLEEDING—Ham. int. and ext.; Trill., Sulph. (*dark blood*); Acon., Aloe (*excessive, bright blood, with much pain*).

CHRONIC—Ars. (*with emaciation*); Ferr., Helon., Hydras. (*cachectic individuals*); Ac.-Nit., Sulph., Hep.-S. Brown bread, vegetables, fruits. Abdominal compress.

SUPPRESSED—Acon., Puls., Sulph.

In the treatment and prevention of Piles, the use of wooden- or cane-bottomed chairs, instead of soft

cushioned seats, is an important adjunct.[1]

**Hair**: Falling off of—Canth. int., and ext. in pomade; Ac.-Phos. (*after illness, or from general debility*); Aloes, Ac.-Fluor., Iod., Ars.; Calc.-C., Sil., Sulph. (*with chronic headache*). Decoction of box-wood turnings. Frequent shaving the scalp.

**Hands**: Chapped—Arn.-, Calend.- *or* Glyc.-cerate, or Glyc. Starch (F. 2); Petrol. 12, int., and Petrol. Soap ext., or Ac.-Sulphs. and Glycerine (F. 12) ext.

*See also* **Chilblains.**

Coldness of—Acon., Sep., Bary.-Carb., Puls., Nat.-Mur., Sulph.

Cracks in—*see* **Cracks.**

Dryness and Burning of—Phos., Sil., Sang., Lyc., Trill.

Pains in—Bry., Colch., Led., Caul. (*rheumatic or gouty*); Rhod. (*neuralgic*); Arn. (*aching from over-use*); Ruta, Puls. Gentle friction with oil.

*See* **Gout,** *and* **Rheumatism.**

Perspiration of—Calc.-C., Nat.-Mur., Sulph., Thuja.

Psoriasis, Roughness, and Redness of—Merc., Petrol., Phyto., Bell., Hep.-S., Graph., Bary.-Carb., Ars., Alum.

Swelling of—Bell. (*with much redness*); Apis (*acute œdema*); Ars., Iod., China, Ferr. (*from constitutional debility*).

Trembling and Weakness of—Phos., Sulph., Anac., Opi., Merc., Nux V., Sil., Arg.-Nit. 2 (*non-mercurial*); Bell., Nux V., Ac.-Nit. (*mercurial*).

**Hay-Asthma**: Sabad., Ipec., Ac.-Hydrocy., K.-Bich.; Euphr., Gels. (*profuse lachrymation*); Ars. (*great debility*); K.-Hydriod. The inhalation of *Ac.-Sulphs.* or *Anthoxanth.* is recommended. Swedish movements when the chest is contracted. Also residence by the sea or on a barren common.

Prophylactics—Sabad., Ars., K.-Bich.

**Headache**: Bilious and Sick—Cham. (*in females, from cold or worry*); Iris (*much vomiting of bile*); Bry. (*worse with every movement; vomiting of bitter fluid*); Gels. (*blind headache*); Nux V. (*nervous and sick, with constipation*); Ipec. (*intense sickly feeling, with much retching*); Ver.-Alb. (*pain in eyeball, coldness of the skin, and prostration*); Acon. (*followed by vomiting of bile, or from cold: see under* Cham.); Sulph. 12, Cimic., Lach. (*at the critical age*); Cocc., Merc., Puls., Sep., Stann. (*attaining a climax and then decreasing*).

Catarrhal—Acon. (*chills and flushes of heat, throbbing temples;* Euphr., Gels. (*profuse lachrymation*); Bry., Merc.-S. (*in rheumatic patients*); Merc., Nux V., Cimic.

Congestive—Bell. (*redness of the face, throbbing of arteries, and sensitiveness to noise, light, etc.*); Bry. (*frontal, with giddiness, inclination to vomit, and torpor of the bowels*); Acon., Ver.-Vir. (*with plethora*); Nux V. (*p n at the*

[1] The course of the arterial circulation of the buttocks and thighs appears to be so arranged that when sitting on hard seats the pressure is sustained by the bones; on the contrary, on cushioned seats the weight of the body is chiefly sustained by the soft parts, and, consequently, pressure is made on the blood-vessels; hence soft seats favour the production of piles, as also of uterine disorders, by pressure on the arteries as they emerge from the pelvis, and so tend to drive the blood into the interior of that cavity. This is well demonstrated by Mr. Holden in St. Bartholomew's Hospital Reports, vol. vi., article, *Medical and Surgical Landmarks.*

*back of the head, with irregular action of the bowels*); Hell. (*at night, in occiput and nape of neck*); Sulph.-Quin. (*periodic*); Glon. (*more in the morning, with excessive throbbing*); Gels., Cact. (*aching in eyeballs, and giddiness*). Hot fomentations.

NERVOUS—Ign. (*monthly or fortnightly; weight at the back of the head; sense as if a nail were driven into the skull*); Nux V. (*in persons of sedentary habits, who study much*); Bell. (*see indications above*); Coff. (*with sleeplessness*); Gels. (*with giddiness*); Sulph.-Quin. 2x (*periodic*); Ars. (*periodic, in forehead and orbits*); Hell. (*stunning, stupefying*); China, Ac.-Phos., Ferr. (*from debilitating losses*); Cham., Spig., Coloc., Sep., Cimic. Sitz baths, tepid or cold, still or running, for shorter or longer periods (*Dr. Johnson*).

RHEUMATIC—Acon., Bry., Cimic., Ac.-Nit., Rhus, Spig., Phyto.

CHRONIC AND OBSTINATE—Arg.-Nit., Calc.-C., Phos., Plat., Plumb., Sil., Stann., Zinc.

FROM HEART-DISEASE — Cact., Lilium, Acon., Dig., Gels.

FROM MENTAL CAUSES, OVER-STUDY, ANXIETY, etc.—Nux V., Aur., Phos., Ac.-Phos., Anac., Cimic., Gels., Ign., Sil., Calc.-C.

**Head Lice**: Ung. Merc.-Præcip.-Alb., Ung. Merc.-Ammon.-Chlor. Free washing afterwards.

**Hearing**: HARDNESS—*See* **Deafness.**

MORBIDLY SENSITIVE—Ign., Nux V., Cann.-Ind., Cup.-M., Coff., Bell., Aur., China, Cham.

**Heart**: CONGESTION OF—Acon., Cact., Ver.-Vir., Asaf., Opi., Puls., Sulph.

DISEASE OF—Dig. (*slow, or quickened and feeble, irregular, and intermittent pulse; dilatation*); Cact. (*sensation as if the hear were grasped firmly*); Acon. (*violent palpitation, as in Hypertrophy*); Lilium (*with uterine disorder*); Spig. ϕ (*stabbing pain*); Ver.-Vir. (*cardiac debility, with diarrhœa, faintness, and collapse*); Arn. (*induced by over-exertion*); Collin. (*with dyspepsia or portal congestion*); Phos., Ac.-Phos., Cact., Calc.-C. (*fatty degeneration*); Ars. (*great debility, dyspnœa, dropsy, etc.*); Apis (*threatened dropsy*); Camph., Mosch. (*for various paroxysmal sufferings*).

INFLAMMATION OF, AND ITS MEMBRANES—Acon. alt. Spig., Cimic. (*violent action of the heart; rheumatic peri- and endo-carditis*); Acon., Bry., Asclep.-Tub. (*pericarditis*); Bry. (*rheumatic patients, and when serous effusion is threatened*); Colch., Apis (*gouty patients*); Ars. (*great debility, dropsy*); Hot linseed-meal poultices, frequently renewed.

PALPITATION OF—Acon. (*from excitement and organic disease*); Mosch., Camph. (*simple nervous*); Ign. (*from grief*); Coff. (*from joy, with wakefulness*); Cham. (*in children and females, from worry or anger*); Opi., Ver.-Vir. (*from fright, etc., with fluttering, dyspnœa, etc.*); Bell. (*pulsation extending to the head*); China, Ac.-Phos., Ver.-Vir., Ferr. (*from debility*); Nux V., Gels. (*from spinal irritation*); Cact., Spig., Gels., Dig., Puls., Iod. Cold compress over heart.

*See also* **Angina Pectoris, Dyspnœa,** etc.

**Heartburn**: Puls. ϕ, Bism. 3x trit., Iris, Bry., Caps. ϕ, Nux V.; Carbo V. 12, Calc.-C. 12-30, Rob. (*with chronic acidity*).

**Heat-Spots**: *see* **Eczema**: SIMPLE.

**Hectic-Fever**: China, Ac.-Phos., Gels., Phos., Ars., Hep.-S., Sil., Sulph.

**Helminthiasis**: Cin., Sant., Merc., Teuc., Ign., China, Ferr., Ant.-C. Mr. Nankivell advises Cin., Ign., and China to be given in mother tincture, and the Sant. in powder, 1-gr. doses.

*See also* **Worms.**

**Hemicrania**: Bell., Nux V., Ign., Coff., Puls., Aur., Ars., Chelid., Calc.-C.

*See also* **Headache**: NERVOUS.

**Hemiplegia**: Bary.-Carb., Nux V., Lyc. (*right side*); Arn., Cocc.

*See* **Paralysis.**

**Hepatitis**: *see* **Liver**: INFLAMMATION OF.

**Hernia**: ACUTE PAIN FROM—Acon. alt. Nux V., Bell. ϕ. A proper truss should be worn.

**Herpes**: Acon. (*fever, neuralgia, etc.*); Rhus (*simple cases*); Ars. alt. Merc. (*with neuralgia and debility*); Phyto., Iris, Graph. (*ulcerous*); Phos. (*in phthisical constitutions*); Ran.-Bulb. (*Pleurodynia*); Graph., Nux Jug. (*chronic*).

CIRCINNATUS—Tellur., Iris, Sep., Ac.-Nit.

*See also* **Ringworm.**

ZOSTER—Rhus, Ran.-Bulb., Cist.; Ars.; Canth. lotion (*for itching*).

**Hiccough**: Nux V. (*simple spasm, and in hard drinkers*); Ac.-Sulph., Rob. (*acid eructations*); Acon., Ars., Bell., Ver.-Vir., Gels., Hyos. (*in brain affections*); Chlor.-Hyd., in five-grain doses, in solution, is palliative and often curative, where other treatment is unsuccessful.

**Hip-Joint Disease**:[1] Acon. (*fever*); Coloc., Rhus, Bell. alt. Merc.-S. (*pain*); Sil., Calc.-Phos., Calc.-C., Ferr.-Iod., Hep.-S. Immediate and perfect rest.

**Hoarseness**: *see* **Voice**: HOARSE.

**Hooping-Cough**: Acon. (*at commencement*); Ipec. (*with gastric symptoms, vomiting of mucus, sometimes hæmorrhage*); Dros. (*severe paroxysms of hoarse cough, even with hæmorrhage and vomiting*); Cup.-Acet. 1 trit. (*croup-like cough, with convulsive movements; threatened death from collapse of air-cells of the lungs*); Bell. (*sudden and violent paroxysms, with sore throat, brain symptoms, worse at night*); Petrol. 1x (*great sickness—also* Ipec.); Phos. (*lung complication*); Cin. (*worm symptoms*); Coral., Ver.-Alb., Gels. alt. Ver.-Vir., Nux V.

**Hordeolum**: *see* **Eyelid**: STYE ON.

**Housemaid's Knee**: Sil.; Puls., *or* Puls. alt. Lyc., Rhus Tox. int. and ext. Rest from kneeling is an important element in the treatment.

**Hunger-pest**: *see* **Relapsing-Fever.**

**Hydrocele**: *see* **Dropsy**: LOCAL.

**Hydrophobia**: Bell., Stram., Scutel.; the likeliest remedies to prevent the development of the poison; one of them should be administered in a low dilution directly after infection, and the patient kept under its influence for some time.

**Hydrocephalus**: *see* **Brain**: INFLAMMATION OF, *and* DROPSY OF.

**Hydrothorax**: *see* **Chest**: DROPSY OF.

[1] An important element in the diagnosis of this disease is furnished by a comparative examination of the nates. In health they are firm and globular, from a large accumulation of fat over the great muscle of each buttock. Wasting of one is an early symptom of hip-joint disease.

**Hypochondriasis** : Aur., Nux V., Anac. (*chiefly in males*); Cimic., Ign., Sep., Petrol., Plat. (*chiefly in uterine derangements, especially at the change of life*); Ars., Arg.-Met., Lyc., Sulph. Sharp discipline, change of air, scene, and treatment.

**Hysteria** : Mosch. (*with tendency to fainting, headache, constriction of the chest, and general chilliness*); Ign., Puls., Gels., Cimic., Plat., Cocc., Asaf., Caul., Zinc.-Val., Hyos., Bell., Nux Mosch.

**Hysteric Convulsions** *or* **Fits** : Camph. *or* Mosch. int. or by olfaction; Acon., Opi. (*if caused by fright*). Cold douche to the face.

**Impetigo** : Viola Tric., Ant.-T., Hep.-S., Ant.-C., K.-Bich., Clem., Ars., Ac.-Carbol. and Glycerine ext. (F. 32).

*See also* **Eruptions.**

**Impotence** : Phos., Coni., Dig., China, Ac.-Phos., Nux V., Ferr., Bary.-Carb., Agnus, Nuph., Sulph.; Iod. (*atrophy of the testicles*); Caladium (*with coldness of the organs*).

**Incontinence of Urine** : *see* **Urine.**

**Indigestion** : *see* **Dyspepsia.**

**Influenza** : Acon. *or* Gels. (*at first*); Gels. (*first and second stages*); Ars., K.-Hydriod. (*second and later stages*); Eup.-Perf. (*bone pains*); K.-Bich. (*troublesome cough*); Sulph., Phos. (*tedious cases, with chest symptoms*); Rhus, Caust.

**Insolation** : *see* **Sun-stroke.**

**Intermittent Fever** : *see* **Ague.**

**Intertrigo** : *see* **Excoriation.**

**Iritis** : Arn. (*traumatic*); Bry., Gels., Merc.-Cor., Bell., Acon. ϕ (*rheumatic*); Cinnab., Merc., Clem., Merc.-Iod., K.-Hydriod. (*grain doses*), Aur. (*syphilitic*).

*See also* **Eyes** : INFLAMMATION OF.

**Irritation** : *see* **Itching.**

**Itch** : *see* **Scabies.**

**Itching of the Skin** : Acon. (*great itching, with feverishness*); Sulph., Aur., Petrol., Rhus Rad. (*with dry harsh skin, worse in bed or in warmth*); Ars. (*burning-itching, with debility*); Ign. (*fine pricking-itching*); Rumex (*worse in bed*); Rhus, Crot.-Tig., Nux V., Arg.-Nit., Mez., Merc., Iod., Led. Cold compresses are recommended. Inunction with Camphor liniment (F. 25).

OF THE SEAT: *see* **Anus** : ITCHING OF.

**Jaundice** : ACUTE—Acon., Merc., China alt. Merc.-S., Nux V.; Cham. (*from anger*).

CHRONIC—Phos., Lept., Chelid., Podoph., Hydras. alt. Nux V., Dig., Ars.; China (*from miasm; also in children*); Hep.-S., Ac.-Nit. (*from* Mercury); Merc. (*from* Bark *or* Quinine).

MALIGNANT—Phos., Ars.

**Jaw** : CARIES OR NECROSIS OF—Phos., Sil., Ac.-Phos., Aur.-Mur.

SPASM OF—*see* **Tetanus.**

PAINS IN—Acon.; Merc., Cimic., Bell. (*with rigidity*); Spig. (*neuralgic or rheumatic*); Petrol. (*as though dislocated*).

**Joints** : ACHING AND STIFFNESS OF—Arn. (*from exertion*); Rhus (*from a strain*); Bry., Rhus, Phyto. (*rheumatic*); Ruta, Caust., Nux V., Petrol., Macrot. Also frictions with oil.

DROPSY OF—Iod., Bry., K.-Hydriod., Canth.

INFLAMMATION OF (*Synovitis*)—Acon. (*febrile symptoms*); Bry. (*rheumatic patients*); Led. (*with constant chilliness*); Merc.-Prot.-Iod. 3x (*chronic and painful*); Puls. (*females and chil-*

*dren*); Sil., Hep.-S. (*suppuration*); Merc. (*chronic cases*); Phyto. int. and ext. (*strumous*); K.-Hydriod. (*syphilitic*).

RHEUMATISM OF—*see* **Rheumatism.**

SWELLING OF—Sil., Calc.-Phos. ("*white-swelling*"); Merc., Hep.-S., Puls., Bell.; Ac.-Phos., Sulph., *and* Calc.-C. (*as constitutional remedies*).

WEAKNESS IN—Calc.-C., Ruta, Caust., K.-Carb., Merc., Lyc., Sulph.

*See also* **Gout, Rheumatism,** etc.

**Joy**: EFFECTS OF EXCESSIVE—Coff., Puls.

**Kidneys**: CONGESTION OF—Tereb. 3x.

INFLAMMATION OF — Acon., Gels., Bell. (*fever*); Tereb. (*suppressed, or scanty, smoky, thick, fœtid, or even bloody urine*); Erigeron (*with copious albuminous discharge*); Canth., Ars. (*desquamative*); Plumb. (*granular degeneration*); Ars., Apoc., Apis, Hep.-S. (*post-scarlatinal nephritis, with scanty, albuminous, or suppressed urine, debility, dropsy, etc.*); Cann., Apis, Chelid., Ferr., Nux V., Puls., Ac.-Benz., Zinc. (*pains in the kidneys*).

*See also* **Bright's Disease.**

**Knee**: INFLAMMATION IN—Acon. alt. Puls.; Rhus, Bry., Sulph.

ENLARGEMENT OF—Silicate of Lime.

*See also* **Joints.**

**Labour**: TO PROMOTE NATURAL—Cimic., Caul., Puls.

FALSE-PAINS—Puls., Cham., Sec., Nux V. *See also* **Miscarriage.**

ABNORMAL CONDITIONS OF—Gels.,[1] Bell., Caul. (*rigidity of the os uteri*); China (*intermittent pains*); Croc., Puls. (*irregular*); Cham., Gels., Coff. (*excessive*); Ign., Bell., Hyos., Chloroform inhaled (*convulsions and delirium*); Cocc., Nux V. (*spasms, etc.*); Puls., Sec. ϕ, Cimic. ϕ, Caul. 1x, three or four grains repeated as often as required (*pains ceasing, or too weak*); Cocc., Caul. (*Paralysis*).

RETAINED PLACENTA—Arn., Puls., Sec., Ign.

AFTER-PAINS — Arn., Cauloph., Cimic., Gels., Ign., Sec., Collin., Cham., Coff., Puls., Bell.

HÆMORRHAGE DURING OR AFTER—Sec., Sabi., Ipec., Eryng., Arn., Puls., Ign., Cimic.; China *or* Ferr. (*for consequent debility*). Also injections of cool or cold water.

*See also* **Menstruation**: PROFUSE.

RETENTION OF URINE AFTER—Acon., Bell., Canth., Hyos., Rhus. The catheter may be necessary.

CONSTIPATION AFTER — Collin., Bry., Opi., Lyc., Plumb.; *or* enema of tepid water.

*See* **Constipation**; *also* **Hæmorrhoids.**

DIARRHŒA—Puls., China, Hyos.

LOCHIA, ABNORMAL—Acon. (*too profuse and bright-red, in plethoric patients*); Bell., Cimic. (*scanty*); Ver.-Vir. (*scanty, with headache*); Kreas., Carbo An., Sec. (*offensive*); Kreas. (*intermittent*); Sabi., Cimic. (*continuing red too long*); Caul., China, Calc.-C. (*too prolonged*); Acon. (*suppressed*); Hydras. (*offensive, with suppressed*

[1] Dr. Douglas remarks,—"No remedy can at all be compared with *Gels.* ϕ, one to five drops every thirty minutes, to produce relaxation of a rigid, unyielding *os uteri*." "This remark of Dr. Douglas," writes Dr. Newton, "I cordially substantiate."

*or scanty urine*). Warm water lavement of vagina.

PUERPERAL-FEVER — Acon. alt. Bell. *or* Ver.-Vir. (*brain symptoms*); Bry. *or* Merc. alt. Acon. (*Peritonitis*); Coloc., Tereb. (*much Tympanitis*); Hyos., Bapt., Ars., Lach. (*very bad cases*). Repeated fomentations and lavement of vagina are valuable. There would be fewer cases of this fever if the parts were sponged with hot water four times a day. Injections of dilute Ac.-Carbol. or K.-Chlor.

PUERPERAL MANIA—Hyos., Opi., K.-Brom., Stram., Cann.-Ind.; Cimic., Plat., Aur., Ars., Bapt. (*melancholy*).

**Lactation**: FEVER—Acon. *or* Bell., alt. Bry.

ABNORMAL CONDITIONS OF—Agnus, Asaf., Puls., Coni., Calc.-C. (*absent, late, or scanty*). Also gruel as drink, and Syrup Lacto-Phosphate of Lime; Calc.-C., Sulph., Sil., Merc. (*deteriorated*); Nux V. (*from use of spirits*); Cham. (*from anger*); Calc.-C., K.-Hydriod., Bry., Phos., Sil., Iod. (*excessive or too long-continued flow*); China (*consequent debility*); Cimic. (*mental dulness and melancholy*); Calc.-C., Iod., Sulph., China, Ac.-Phos. (*menses occurring during lactation*). Under this last condition, the child should be weaned.

*See also* **Breast, Nipples,** etc.

**Laryngismus Stridulus**: *see* **Croup**: SPASMODIC.

**Laryngitis**: ACUTE — Acon. alt. Spong., Hep.-S., K.-Bich.; Apis (*œdema of the glottis*). Foment the larynx externally, and steam internally. Laryngotomy is sometimes necessary.

CHRONIC—Spong., K.-Bich., Hep.-S., Caust., Carbo V., Selen.; Merc.-Biniod., Ac.-Nit. (*syphilitic*). Inhalation of *Iod.*

**Larynx**: PAINFUL IRRITATION OF—causing frequent hard cough, Ac.-Sulphs. Spray, or inhalation of vapour from a bottle of the Acid after removing the stopper.

**Lead-Colic**: Plat., Opi., Alum., Bell., Ac.-Sulph.

**Legs**: CRAMPS IN—Ver.-Vir., Nux V., Cup.-M., Cham., Calc.-C.

PARALYSIS OF—Cocc., Rhus, Coni., Phos. 1x, Bell., Nux V., Ac.-Oxal. Electricity.

SWELLING OF—*see* **Dropsy.**

ULCERS ON—Bell. (*erysipelatous*); K.-Bich. (*chronic*); Merc.-S. (*eczematous*); Phos. (*debilitated patients*); Ham., Puls., Sil., Ac.-Nit., Ac.-Fluor. (*varicose*). Posture is important.

*See also* **Veins**: VARICOSE.

WEAKNESS OF—Rhus Rad., Arg.-Nit., Nux V.; Phos., Sulph., Bell. (*trembling*). Electricity.

WHITE-LEG: *see* **Phlegmasia Alba Dolens.**

**Lepra** and **Leprosis**: *see* **Psoriasis.**

**Leprosy**: Ars., Ant.-C., Merc., K.-Hydriod., Hydrocotyle Asiatica.

**Leucoma** (*white speck on the cornea*): Bell., Cann.-Sat., Calc.-C., Euphr., Puls., Phos., Coni., K.-Hydriod. 3x.

**Leucorrhœa**: Puls., Helon., Sep., Ac.-Nit. (*corrosive or excoriative*); Iod., Senec., China ϕ alt. Sep. (*yellow-white*); Ferr., Merc., Collin., Aloes, Xanth., Hydras., Caul. alt. Cimic., Kreas., Coni.; Calc.-C., Iod. (*in scrofulous females; also in children*). Frequent local ablutions; injections of Hydrastis, etc. Cold sitz-baths. For children, injections of Calend. lotion. Sea bathing.

**Lichen**: Sulph., Ant.-C., Petrol., Ars., Nux Jug.; Apis, Led.

("*prickly-heat*"). Also the use of Petrol.-soap.

**Lienteria**: China, Ferr., Phos., Ac.-Phos., Puls.

**Lips**: Soreness, Cracks, etc., of—Merc., Graph., Sulph.; Calend.-cerate, Ac.-Sulphs., Hydras. and Glyc. (F. 6).

**Liver**: Abscess of—Acon., Merc., Hep.-S.

Congestion and Chronic Enlargement of — Liver-Complaint—Merc., Lept., Merc.-Iod., Phos., Ac.-Nit., Agar., Nux V., Sulph., Podoph., Chel., Agar., Carbo V., Lyc., Ars.; China, Sulph.-Quin. (*consequent on Ague*); K.-Brom., Iod. 2x. Hot fomentations every night for twenty minutes, followed by the abdominal compress, are valuable auxiliaries.

*See also* **Biliousness**, etc.

Hob-nailed—*see* **Cirrhosis.**

Inflammation of—Acon. alt. Bry. *or* Merc.-Cor., Hep.-S. (*threatened abscess*).

**Liver-Spots**: Sulph., Sep., Bor., Lyc.

**Lochia**: Abnormal—*see under* **Labour.**

**Lock-Jaw**: *see* **Tetanus.**

**Locomotor Ataxy**: Bell., Atrop. 3 trit., Ars.

**Low-Fever**: *see* **Enteric-Fever.**

**Lumbago**: Acon. (*recent*); Rhus Rad. (*pains worse during rest and at night; from a cold; chronic*); Arn. (*from severe exertion*); Ant.-T., Acon., Arn., *or* Rhus liniments (F. 22, 26), rubbed in before a fire, or medicated compresses, are very useful.

*See also* **Crick-in-the-Back.**

**Lungs**: Abscess in—Iod., Ars., China, Sil., Hep.-S.

Congestion of—Phos. 3x or 3; Acon. 1x, K.-Bich., Ver.-Vir. 1x (*from chill*); Ars. (*cardiac complications*); Bell., Ant.-T., Ver.-Vir. (*from cold*).

Consumption of — *see* **Phthisis Pulmonalis.**

Gangrene of—Ars., China, Lach.

Hæmorrhage from—Acon., Ham., Kreas., Ipec., Ferr., Mill.; Arn. (*if from injury*); Bry. (*vicarious of menstruation*). Inhalation or spray of Perchloride of Iron.

Inflammation of — Acon. alt. Phos. *or* Bry.; Ant.-T. 1 to 3 trit. (*broncho-pneumonia, and in children*); Sulph. ϕ, Chelid.

*See* **Pneumonia.**

Paralysis of—Phos., Opi., Ant.-T., Bary.-Carb.

**Lupus**: Ars., Phyto., Iod., *or* Hydras., int. and ext.; Marsden's Arsenical Mucilage.

**Lymphatic Glands**: Enlarged—Merc.-Iod., Bary.-Carb., Dulc., Bell., Aur.-Mur., Coni.; Rhus (*indurated*); Sulph., Sil., Calc.-C., Iod. (*as constitutional remedies*). Frictions with oil. Compresses dipped in lotions of K.-Hydriod.

**Maggot-Pimple**: Bary.-Carb., Ac.-Phos., Calc.-C.

**Mammary Abscess**: *see* **Breast.**

**Masturbation**: *see* **Spermatorrhœa.**

**Measles**: Acon. (*fever*) alt. Puls.; Euphr. (*lachrymation and coryza*); K.-Bich. (*laryngeal cough*); Gels., Bry. (*when the eruption does not come out well*), also hot blanket pack; Bell. (*sore throat, brain-symptoms*); Ver.-Vir. (*congestion of the lungs, nausea, etc.*); Merc.-Iod. (*glandular swellings*); Phos.

(*chest-symptoms*); Ammon.-Carb. (*malignant*); Sulph. (*deficient eruption, intense headache, and tendency to coma; also during convalescence to prevent sequelæ*). Inunction with oil morning and night.

False—(*Roseola*)—Acon. int. and ext.; Rhus, Bell.

Prophylactic—Puls., Bell.

**Megrim**: *see* **Hemicrania.**

**Melancholia**: *see* **Hypochondriasis.**

**Memory**: Weakness or Loss of—Ac.-Phos., Anac., Zinc., Alum., Aur., Ign., Verat.

**Meningitis**: Simple—Acon. alt. Bell., Bry.

Syphilitic—Merc., K.-Hydriod.

Traumatic—Acon. 1x alt. Arn. 1x.

Tubercular[1]—Bell.; Hell. alt. Calc.-Phos. (*when effusion has taken place*); Calc.-C., Sulph.

**Menopausia**: *see* **Menstruation**: Cessation of.

**Menorrhagia**: *see* **Menstruation**: Profuse.

**Menstruation**: Delay of the First—Puls., Ferr., Sep., Cycl., Sulph., Phos.; Acon. (*disturbed circulation*). See Sitz-bath, under **Menstruation**: Scanty.

Membranous—Bor. grs. v. ter die (*profuse discharge at one time and scanty at another, with severe labour-like pains in the back, hips, and hypogastric region*).

Painful (*Dysmenorrhœa*)—Sec. (*expulsive, forcing pain, with dark, coagulated, or scanty discharge*); Collin. (*piles, constipation, etc.*); Senec. (*scanty or profuse flow*); Gels. ϕ, Caul. (*spasmodic pains*); Cimic. (*rheumatic patients*); Cham., Coff., Xanth. (*neuralgic pains*); Cocc. (*colicky pain*); Ham. (*ovarian irritation*); Bell., Acon., Ign., Plat., Sabi., Viburnum Opulus; Macrot. 3x, Cimic. 2x, for a fortnight before the period (*habitually painful*). "K.-Hydriod. and K.-Brom. at the intervals of the periods, and Senec. ϕ *or* Gels. ϕ at the periods, I have found most reliable in violent cases" (*Dr. Moore*). During the interval sponge the bowels and lower part of back with water at 100° three minutes, with cold water one minute, morning and night. Sitz-baths are also very useful, either hot or cold, or cold alone. Local packing. Shower and needle baths. Pail douches. Wash down (*Dr. W. Johnson*). The sitz-bath, taken daily, modifies ungratified sexual excitement, and lessens the temptation to masturbation, both fruitful causes of painful menstruation. The pressure of stays and skirts displaces the womb, and weakens the spine; the female dress should, therefore, receive proper attention.

Irregular *or* Infrequent—China (*when profuse and consisting of dark lumps*); Puls., Cycl. (*scanty*); Iod. *or* Phos. (*gradually diminishing*); Sep., Nux V., Bell., Sulph., Senec. Dr. Moore recommends *Podoph.* and *Puls.*, in alternation, for infrequent and retarded menstruation in bilious patients and those subject to constipation.

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[1] A professional correspondent informs us of the successful treatment of, what he believes was, a case of this almost incurable malady in an infant of six months old, in whom effusion had taken place before he was called in. *Hell.* 3x alt. *Calc.-Phos.* 3x, with an occasional dose of *Sulph.* 12, were the remedies. The constitutional symptoms gradually declined, and the patient recovered. Our correspondent, however, furnishes no proof that the case was one of *tubercular* meningitis.

Scanty—Puls. (*simple cases*); Ferr., Helon. (*with anæmia*); Bell., Acon. (*in full-blooded patients*); Merc. (*sallow complexion, liquefaction of the blood, liver derangement, etc.*); Arg.-Nit. (*watery discharge*); Graph. (*constipation, and unhealthy skin*); Sep. (*chlorotic appearance, leucorrhœa, etc.*); Phos. (*constitutional delicacy; chronic diarrhœa; tendency to chest-disease*); K.-Carb., Dulc., Sulph., Cycl., Plat., Nat.-Mur., Bary.-Carb. A sitz-bath (58°—60°) from 5 to 15 minutes at bed-time; legs, feet, and shoulders to be warmly covered; after bath, the patient to be well rubbed till warm, then instantly retire to bed: excellent for Amenorrhœa and other *functional* disorders.

Excessive—Sec. (*dark or foul discharge, in lumps, with severe pains previous to their expulsion*); Croc. (*dark and clotted, especially in patients with dim sight*); Sabi. (*bright-red, with pain chiefly at first*); Calc.-C. (*too early*); Acon., Bell. (*in plethoric patients*); Ham. (*profuse venous*); Ipec. (*simple profuse bright-red discharge, with or without nausea*); Hyos. (*nervous and hysteric patients*); Phos. (*mental and sexual excitement, sensitiveness, etc.*); China (*after excessive discharges*); Senec., Ferr., Iod.

Recurring too late—*see* Irregular.

Recurring too early or lasting too long—Calc.-C., Calc.-Phos. (*profuse*); Sec., Sabi. (*painful*); Iod. (*with emaciation*); Trill., Plat. (*every two weeks*); Nux V., Ferr., Ign., China.

Suppressed.—Acon., Opi., Ver.-Alb. (*fright*); Coni., Senec., Sep. (*chronic*). See Sitz-bath under **Menstruation**: Scanty.

Vicarious—Bry., Ham., Ferr., Senec.

Cessation of—Critical Age—China, Ferr. (*pressure and burning on the top of the head; profuse discharges*); Lach. (*headache and sleeplessness; also flushes*); Glon. (*rush of blood to the head, with throbbing and noises in the head or ears, giddiness*); Cimic. *or* Ac.-Hydrocy. (*sinking at the stomach*); Sulph. (*Piles; flushes of heat; mental depression, etc.*); Nit.-Amyl., Sang., Ac.-Sulphs., *or* Lach. (*flushes*); Ambra (*numbness and stinging in the arms*); Sep., Plat., Gels., Cocc., Apoc.

*See also* **Uterus, Miscarriage,** etc.

**Mentagra**: *see* **Beard**: Acne of.

**Mental Weakness**: Nux V., Sulph., K.-Brom., Ac.-Phos., Anac., Gels., Ign., Plumb., Zinc.

*See also* **Memory, Hypochondriasis, Brain-fag,** etc.

**Mesenteric Disease**: *see* **Tabes Mesenterica.**

**Metritis**: *see* **Uterus**: Inflammation of.

**Metrorrhagia**: *see* **Uterus**: Hæmorrhage from.

**Miliaria—Miliary-Fever**: Acon., Bry., Merc.

**Milk-crust**: Viola Tric., Iris, Rhus; Sep., Phyto., Clem.; Calc.-C., Sil. (*chronic*).

**Milk-Fever**: Acon. alt. Bry.

*See* **Lactation**: Abnormal.

**Milk-leg**: *see* **Phlegmasia Alba Dolens.**

**Miner's Elbow**: *see* **Bunion.**

**Miscarriage**: To Prevent—Caul., Sabi., Sep., Helon., Sec.; Nux V. (*associated with constipation, producing straining, etc.*); Calc.-C., Sulph. (*for scrofulous patients*). The remedy should be taken once or twice a day for one or two

months previous to the period corresponding with that at which the former miscarriage occurred. If there be a tendency to constipation the bowels should be kept gently relaxed with olive oil, fruits, or one of the above remedies.

THREATENED—Sabi. (*free discharge of blood*); Caul., Sec. (*severe expulsive pains*); Cham. (*if caused by anger, fright, etc.*); Arn. (*if from a fall, or other mechanical injury*); Acon., Puls., Cedr. A dose every twenty or forty minutes till the symptoms decline. Also rest on a mattress in a cool room, with quiet, avoidance of hot drinks, excitement, etc. Special care to be exercised at the times when, had not pregnancy existed, menstruation would have recurred.

**Moles** : *see* **Nævus.**

**Morbus Coxæ** : *see* **Hip-joint Disease.**

**Morning-Sickness** : *see* **Pregnancy** : DISORDERS OF.

**Mortification** : *see* **Gangrene.**

**Mouth** : INFLAMMATION OF—K.-Chlor. (*simple cases, with exudation*). Merc., Bapt., Phyto.

CANKER OF—Merc., Ars., Ac.-Mur. (*idiopathic*); Ac.-Nit., Carbo V. (*mercurial*); Phyto. lot. (F. 29), *or* Ac.-Carbol. (F. 31), *or* Glycerole of Ac.-Mur. (F. 7), as a wash.

ULCERS—Merc., with Ac.-Nit. as a wash; Ars., Bapt.; Hydras. lot. *or* gargle (F. 41).

**Mumps** : Acon. (*fever*); Merc.-Iod., Merc.-S. (*swelling of the glands*); Bell. (*brain implication*); Puls. (*implication of the testicles or breasts*); ointment of Bell. extract—gr. 1 to simple cerate 1 oz.

**Muscæ Volitantes** (*the débris of cells, shreds of tissue or fibre, chiefly caused by over-use of the eyes, and appearing like transparent beads or shreds, or as dark, singular-shaped bodies, floating about in the vitreous humour, and changing their position with every movement of the eye*); Merc., Ac.-Nit. (*from liver disorder*); Dig. (*weak, slow beating of heart*); Ver.-Alb. (*weak, irregular, or quick action of heart*); Phos., Tereb. (*kidney disorder*); Mosch., Agar. (*nervousness*); Phos. *or* Ac.-Phos. (*sexual excesses*); Phos. (*general debility*); K.-Hydriod. (*obstinate cases*). Rest of the eye is necessary, and the general health should be improved. Neutral tint glasses may be worn to render the spots less visible, if they are very troublesome.

*See also* **Amaurosis, Sight, Eyes,** etc.

**Myalgia** (*pain in the muscles*) : Ver.-Vir. (*prostration of the muscular system, and muscular rheumatism*); Gels. (*with feverishness, etc.*); Arn. (*from over-exertion*); Bry., Gels., Rhus (*with inflammation*); Cimic. An Arnicated bath is an excellent remedy for great fatigue of the body generally.

**Myopia** (*near-sightedness*) : Bell., Spig., Macrot., Acon. (*irritability, congestion, or inflammation*). Suitable glasses should be worn.

**Nævus** : Thuja ϕ ext., Kreasote-water—one drop of Kreas. ϕ to 80 of water. Solution of Ferr.-Perchlor., applied daily.

**Nails** : DISEASE OF—Merc., Graph., Sil. For the local treatment of an *ingrowing toe-nail*, a piece of cotton wool or dry sponge should be pressed into the ulcer under the nail and over the nail, held in place by adhesive plaster saturated with *Hydras., Thuja, or Merc.-Cor.*, and renewed as often as necessary. Or an *ingrowing nail*

may be remedied by softening it in warm water, and then paring very thin the centre top of the nail in the line of the toe, and making a V-shaped excision in the centre at the end of the nail; the ingrowing portion should not be cut. The daily application of a solution of *Ferr.-Perchlor.*, according to Mr. A. C. Clifton, never fails. *Prevention:*—Broad-toed boots. A knowledge of the *causes* is necessary for the cure and prevention of this affection; these are, chiefly—small-toed boots, and over-darned stockings. It is not the nail but the skin that is at fault. It is the morbidly sensitive and rapidly-growing skin, which, becoming thickened and ulcerated, overlaps the nail and occasions the pain.

**Nausea**: Ipec., Nux V., Kreas., Ant.-T., Ant.-C., Cocc., Lobel., Iris, Tabac., Apomorphia 3.

*See also* **Dyspepsia, Vomiting,** etc.

**Neck**: Stiffness of — Ant.-T.; Acon. (*from a draught*); Dulc. (*from damp*); Bry., Cimic., Bell., Phyto., Rhus.

*See also* **Crick-in-the-Neck** *and* **Wry-Neck.**

**Necrosis**: *see* **Bone.**

**Nephritis**: *see* **Kidneys**: Inflammation of, *and* **Bright's Disease.**

**Nervous Debility**: *see* **Debility.**

**Nervousness**: Coff. (*with sleeplessness*); Cham. (*restlessness, irritability, and sensitiveness, without ideal disturbance*); also infusion of green tea; Ign. (*extreme sensitivencss, pains in various parts, hemicrania, sensation as of a ball in the throat, etc.*); Hyos. (*perverted brain-function; restless, dreamful sleep, or sleeplessness*); Agar. (*pains as from icy-cold points, twitchings, tremors, etc.*); Bor. (*noise intolerable*); Acon., Nux V. (*from anxiety, night-watching, etc., with palpitation, indigestion, etc.*); Puls., Bell., Ars., Ac.-Phos., Gels., Scutell., Cimic., Cyprid., K.-Brom., Zinc.-Val., Ambra. Exercise and out-of-door air.

*See also* **Hysteria, Hypochondriasis,** etc.

**Nettle-Rash**: Acon. (*feverishness*); Rhus, Apis; Puls. (*from food which disagrees*); Ars. (*when caused by an irritable stomach*); Ant.-C., Copa., Hydras.; Bry. (*sudden retrocession*); Urt.-U.

**Neuralgia**: In the Face and Head—Bell. (*redness of the affected part, sensitiveness to noise, light, etc., and ideal confusion*); Ars. (*burning and tearing pains, intermittent or periodic, worse at night or during rest, with extreme restlessness and anguish; especially in weak persons*); Ver.-Vir. (*from cold*); Acon. (*facial neuralgia, from cold, anxiety, with palpitation, quickened full pulse; and in plethoric persons*); Spig. (*head, face, eyes, and orbits involved, aggravated by stooping and movement*); Coloc. (*sudden violent lancinations, extending from the point of origin to a distance, chiefly on the left side*); Cham. alt. Merc.-S. (*extreme sensitiveness and irritability, especially in children and females*); Coff. (*nerve-pains, with restlessness and sleeplessness*); China, Sulph.-Quin. (*from malaria, loss of animal fluids, etc.*); Chelid. (*with liver derangement; pain over right eye*); Cimic., Gels., Sticta, Nit. of Strych., Nux V., Staph., Coni.; Bell. liniment (F. 23).

*See also* **Toothache,** *and* **Headache**: Nervous.

Intercostal—Cimic. (*infra-mammary pain, especially in females*); Ars. (*in debilitated patients*); Ran.-Bulb., Rhod., Arn.; Bell. liniment (F. 23).

In the Bones—Zinc.

Of the Extremities—Rhod., Ars.

*See also* **Sciatica, Hemicrania, Lumbago,** etc.

**Nightmare**: Nux V. (*from indigestion*); China (*with oppression*); Sulph. (*with palpitation*); Acon., Puls. Light digestible diet, out-of-door recreation, and a quickly-taken sponge-bath, with vigorous friction, daily; suppers or very late dinners, stimulants, fatigue, and too many or heavy bed-clothes, are to be avoided.

**Night-Sweats**: Ac.-Phos., Calc.-C., China, Ars., Hep.-S., Samb., Sulph., Ipec.; Merc. (*profuse sour perspiration—not hectic*). Sponging with tepid water and vinegar. Dr. Douglas recommends *Bry.* and *Gels.* for continued and profuse sweats, and adds, "Nothing has answered so well with me in the colliquative sweat of Phthisis as the two remedies."

*See also* **Hectic-Fever.**

**Nipples**: Sore—Sulph., Cham., Sil.; Phell. (*pain after each suckling*); Crot.-Tig. (*shooting-pains from nipple to shoulder-blade*); Calend. *or* Arn. lot. ext.; *or* Glycerole of Ver.-Vir. (F. 13), *or* Hydras. (F. 6), *or* Tinct. of Benzoin, P.B., Ac.-Benz. lotion (F. 30), frequently applied, and not removed till next nursing: the nipple to be washed before applying the child.

**Nodes**: Sil.; K.-Bich. (*soft nodes on the scalp*); K.-Hydriod., Phyto. (*syphilitic nodes, with nightly pain*); Aur.

**Noise**: In the Ears and Head—Bell., Sulph.-Quin., China (*with deafness*); Nux V., Gels., Caust., Petrol., Graph., Sulph.

Sensitiveness to—Bell., Cham., Coff., Ign., Cann.-Ind., Nux V.; Bor. (*extreme cases*).

**Nose**: Bleeding from—Ipec.; Ac.-Sulph., Arn. (*from a blow*); Acon. (*full pulse, and in the plethoric*); Bell. (*flowing freely, with congestion*); Croc. (*dark, stringy blood*); Bry. (*preceded or accompanied by severe headache*); Ham. (*dark, fluid, frequent*); Mill., China (*frequent recurrence*); Phos.

Catarrh of—Merc., Ars., Nux V., Puls.; Teuc. by inhalation; put five drops into a little water in the hollow of the hand, and inhale this preparation two or three times a day.

*See also* **Cold in the Head.**

Fœtor from—Iod. (*putrid ulceration of the lining membrane in scrofulous patients*); Elaps, Merc.-Iod., Aur., K.-Bich.

*See also* **Ozæna.**

Inflammation of—Bell. alt. Acon. (*acute*); Sulph. (*chronic*).

*See also* **Ozæna.**

Redness of—*see* **Acne**: Rosacea.

Soreness of—Ars., Merc., Graph., Sulph., Aur.

*See also* **Cold in the Head.**

**Obesity**: Ars., Calc.-C., Ferr., K.-Hydriod., Sulph. These remedies should be aided by a suitable dietary, excluding all articles of food and drink which contain an excess of *starch*, or *saccharine elements*. Daily open-air exercise is also necessary.

**Œdema**: *see* **Dropsy**: Local.

**Œsophagus**: Spasm of—Ver.-Vir.

**Offensive Breath**: *see* **Breath**: Fœtid.

**Onanism**: *see* **Self-Abuse,** *also* **Spermatorrhœa.**

**Ophthalmia**: Catarrhal—Acon., Bell., Euphr., Merc.

Neonatorum—Arg.-Nit., Acon.; and later, Puls., Merc., Hep.-S. Frequent ablutions with tepid water are essential, and if offe-

ciently and early used will often alone suffice.

PURULENT—Hep.-S., Ac.-Nit., Arg.-Nit., Calc.-C., Iod., Clem., Sulph.

STRUMOUS—Merc.-Cor., Bell., Ant.-T., Euphr. (*acute*); Calc.-C., Clem., Hep.-S., Ars., Sulph. (*chronic*).

SYPHILITIC—Merc., Ac.-Nit., Aur.

*See also* **Eyes**: INFLAMMATION OF.

**Otorrhœa**: *see* Ears: DISCHARGE FROM.

**Ovaries**: DROPSY OF—Iod., Apis, Sep., Sulph., K.-Brom., Ars. Tapping and the use of *Apis* to prevent re-accumulation of fluid.

INFLAMMATION OF—Acon., Bell., Merc.-Iod., Puls., Ham., Coni.; Plat. (*with induration*). Dr. Moore recommends *Merc.-S.* 3x and *Bry.* 1x when the pain extends towards the hip or upwards; *Phos.* when the pain extends downwards along the inner side of the thigh; and *Cimic.* and *Puls.* when Pleurodynia co-exists.

NEURALGIA OF—Zinc.-Val. 3x, Ham., Caul., Coloc.

**Ozæna**: Aur., K.-Hydriod., K.-Bich. 2x, Hydras., Phyto., Elaps 6, Ars., Merc.-Iod., Sang., Ac.-Nit., Zinc. Injections of K.-Permang.

**Painter's-Colic**: *see* **Lead-Colic.**

**Palpitation**: *see* **Heart**: PALPITATION OF.

**Pancreatitis**: Iod., Merc., Iris, K.-Hydriod.

**Paralysis**: AGITANS (*Shaking-palsy*)—Merc. alt Rhus 1x.; Ac.-Nit., Nux V. (*when caused by* Mercury).

DIPHTHERITIC—Gels., Ign. ϕ, Coni. Electricity.

FACIAL—Caust., Acon., Ign.

GENERAL—Phos., Coni., Gels., Cocc., Bary.-Carb.

GLOSSO-LARYNGEAL—Bell., Hyos., Caust.

HYSTERICAL—Ign. Galvanism.

INFANTILE—Gels., Bell., Sec.

OF ONE SIDE—Bary.-Carb., Nux V., Cocc., Arn.

OF THE LOWER EXTREMITIES—Phos., Strych., K.-Bich., Coni., Arg.-Nit., Rhus, Caul., K.-Hydriod. (*uterine*); Cocc., Ver.-Vir. Electricity.

PAINTER'S—Opi., Iod., Cup., Ars., Nux V.

RHEUMATIC—Acon., Rhus, Arn., Strych., Sulph. Friction has effected striking cures; so has galvanism.

WASTING—Bell., Phos., Plumb.

**Parturition**: *see* **Labour.**

**Pemphigus**: Rhus 1, Phos.; Ran.-Bulb. (*infants*).

**Pericarditis**: *see under* **Heart.**

**Periostitis**: *see under* **Bone.**

**Peritonitis**: SIMPLE—Acon. alt. Merc.-Cor., Bry. Linseed poultices over the abdomen.

PUERPERAL—*see* **Puerperal-Fever.**

TUBERCULAR—Ars., Calc.-C., Sulph.

**Perspiration**: *see* **Sweat.**

**Pertussis**: *see* **Hooping-Cough.**

**Pharyngitis**: *see* **Throat.**

**Phlebitis**: *see* **Veins**: INFLAMMATION OF.

**Phlegmasia Alba Dolens** (*milk-leg, white-leg*): Acon. alt. Puls. (*simple cases*), *or* Ham. (*varicose condition*), int. and ext.; Phos., Ars., Lach. "In the active stage compresses act remarkably; and in the chronic, douches—hot and cold—have effected excellent cures" (*Dr. W. Johnson*). Dr. Moore states that he has seen cures effected by *Merc.-S.* 1 and *Bry.* 1; the reason being,

he adds, that venous inflammation is the cause of the disease.

**Photophobia** (*intolerance of light*): Ant.-T., Bell., K.-Brom. (and as a collyrium), Euphr., Merc.-Cor., Nux V., Coni., Ars., Sulph.

*See also* **Eyes**: INFLAMMATION OF; **Sight**, etc.

**Phthisis Pulmonalis**:

FOR THE CACHEXIA — Sulph., Hydras. $\phi$, Calc.-C., Iod., Ars., Phos., Ferr., Calc.-Iod. Cod-liver oil, in suitable cases, a teaspoonful or more, twice a day. Daily horseback exercise.

HÆMOPTYSIS—Ham., Ipec., Dros., Ferr.-Sulph., Ferr.-Acet., Arn.

INDIGESTION—Calc.-C., Lyc., Hydras., Merc., K.-Bich., Puls., Nux V.

*See also* **Cough, Breathing, Dyspepsia, Hectic-Fever**, etc.

**Phymosis**: Merc.-S. 1x. Wrap the organ in a compress soaked with *Ham. lotion* (F. 40).

**Piles**: *see* **Hæmorrhoids.**

**Pimples**: Sulph., Calc.-C., Bell., Hep.-S., K.-Bich., Ant.-C.

*See also* **Acne.**

**Pityriasis** (*Branny Tetter—Dandriff*): Ars., Graph., Lyc., Tereb., Canth. Sulphur-baths.

**Placenta**: RETAINED—Sabi., Puls., Sec.

*See* **Labour.**

**Plethora**: Ferr., Ars., *or* Calc.-C., in the higher potencies. Acon. *or* Bell. (*sufferings from*).

**Pleurisy**: Acon., Bry., Ver.-Vir. (*acute*), also linseed-meal poultices; K.-Hydriod., Sulph. (*chronic*). Pleurisy *with pungent heat*, rub the heated parts gently with the hand, dipped from time to time in *cold* water, until the heat is abated. Hot poultices and cold compresses may be required (*Dr. W. Johnson*).

FALSE — PLEURODYNIA — Ran.-Bulb., Cimic., Arn., Acon.

**Plica Polonica**: Vinca M., Bor.

**Pneumonia**: Phos. (*simple, typhoid, and in children*) with or without Acon., Bry.; Ver.-Vir. (*early congestive stage*); Ver.-Vir., Lyc. (*Pleuro-pneumonia*); Ant.-T. (*Broncho-pneumonia*); Sulph. $\phi$ (*scrofulous patients*); Chelid. (*liver derangement*). Cold compresses act remarkably well.

**Polypus**: NASAL — Calc.-C., Teuc., Merc.-Iod. (by inhalation, as for catarrh of the nose); K.-Bich., Thuja, Phos., Sang.; Tannin finely powdered used as a snuff.

**Porrigo**: CAPITIS—Calc.-C., Sulph., Viola Tric., Sil.

FAVUS—Sep., Rhus 2x, Merc.-Cor., Ars., Iod. 1 or 3x; also locally, Calendula cerate. Cleanliness, fat food, cod-liver oil.

**Pregnancy**: DISORDERS OF—Cham. (*nervous restlessness, irritability, "fidgets"*); Acon. (*circulatory disturbance, palpitation*); Coff. (*sleeplessness*); Gels.

COLIC—Nux V., Cham., Puls., Coloc.

CONSTIPATION—Nux V. alt. Sulph.; Plumb., Opi., Alum., Collin., Aloes, Sep., Bry.

*See also* **Hæmorrhoids.**

CONVULSIONS—Bell., Ign., Ver.-Vir., Cic., Coff. Cold water to the head.

COUGH AND DIFFICULT BREATHING—Bell., Coni., Hyos., Nux V.

*See also under* **Cough.**

CRAMPS — Ver.-Alb., Ver.-Vir., Cham., Nux V. Friction.

DEPRESSION OF SPIRITS—Cimic., Ign., Puls., Plat.

DIARRHŒA — Puls., Ac.-Phos., Phos.

False Pains—Cham., Puls., Sec., Caul., Cimic.

Headache—Bell., Bry., Nux V., Ver.-Vir., Puls., Cocc.

Heartburn—Caps., Puls. ϕ, Iris, Calc.-C., Nux V., Rob., Sang.

Morbid Appetite—Calc.-C., China, Nat.-Mur., Carbo V., Sil.

Morning-Sickness, Nausea, etc.—Nux V., Ipec. ϕ, Sep., K.-Brom. 1x, Kreas., Puls., Cocc.

Piles—*see* **Hæmorrhoids.**

Pruritus Vulvæ—*see* Vulvæ.

Salivation—Iod., Merc., Hep.-S., Sulph., Natr.-Mur. Dr. Shipman states that he has known the chewing of coffee berries to cure when all other remedies had failed.

Toothache and Neuralgia—Coloc., Cham., Coff. (*during the attacks*); Sep., Cimic., Nux Mosch., Nux V. (*in the intervals*); Merc., Kreas. *or* Staph. (*from decayed teeth*).

Urinary Difficulties—Bell., Hyos. (*suppressed urine*); Camph., Nux. V., Canth., Cocc.

Varicose Veins—*see* **Veins.**

**Presbyopia** (*far-sight, from diminished power of accommodation, and an indication of advancing age*): Convex glasses should be worn directly vision fails for ordinary work. It is convenient to have two pairs of glasses, using the stronger for evening work. It would be useful in all cases of failing sight, from age, to use two or three powers, according to circumstances. Local cold water douches to the closed eyes. Constitutional treatment is often necessary.

**Prickly-heat**: *see* **Lichen.**

**Prolapsus**: *see* **Anus** *and* **Uterus.**

**Prosopalgia**: *see* **Toothache** *and* **Neuralgia.**

**Prostate**: Enlarged—Cann. "In a recent case of enlarged prostate, at the age of sixty-two, with much irritation of the bladder, *Cann.* had an excellent effect, in fact cured it for the time" (*J. H. Nankivell, Esq.*)

**Prostatitis** (*inflammation of the prostate*): Puls., Iod. (*acute*); K.-Hydriod. (*chronic*). Bell. extract is often required to relieve the severe pain. Recumbent posture. Opiate suppositories, fomentations, and hot hip-baths, are useful adjuncts.

**Proud-Flesh**: *see* **Excrescences,** etc.

**Prurigo**: *see* **Itching.**

**Pruritus Ani**: *see* **Anus**: Itching of.

**Pruritus Vulvæ**: *see* **Vulvæ.**

**Psoriasis**: Merc., Iod., Ac.-Nit., Phyto., Sulph., Ars., Petrol.

Palmaris—Hep.-S., Ars., Caust., Graph.

**Pterygium**: Rhatan. 1x.

**Ptosis** (*paralysis of the eyelid*): Gels., Bell., Stram., Spig., Ver.-Alb.

**Puerperal Convulsions**: Ver.-Vir., Bell., Chlor.-Hyd.

**Puerperal-Fever**: Acon. alt. Bell., Hyos., Stram., Merc., Bry., Ars.

**Purging**: *see* **Diarrhœa.**

**Purpura** (*a morbid state of the blood and capillary vessels*): Ver.-Vir., Acon. (*simple cases*); Chlor.-Hyd., Bell., Arn., Merc., Ac.-Sulphs., Rhus.

Hæmorrhagica—Ham. 1x, Merc., Ars., Phos., Ac.-Sulphs., Tereb.

**Purulent Ophthalmia**: *see* **Ophthalmia**

**Pyelitis**: Phyto., Uva, Ferr.

**Pyrosis**: Carbo V., Lyc., Ac.-Sulphs., Nux V., Ars., Bry., Puls., Ac.-Sulph. 20 to 30 drops in water.

*See also* **Dyspepsia, Heartburn,** etc.

**Quinsy**: Bary.-Carb., Hep.-S.,

Arum.-Triph., Phyto., Phos., Bell., Merc.-Iod., Ars., Lach. Bary.-Carb. is almost specific.

**Rabies** : *see* **Hydrophobia.**

**Rachitis** : Ac.-Phos., Sil., Sulph., Calc.-Phos., Asaf.

**Ranula** (*a cyst under the tongue, of variable size, containing albuminous fluid, perhaps a dilated orifice of a sub-lingual duct*) : Bell. 3x alt. Merc.-S. 3x (*acute*); Calc.-C. 3x (*chronic*). Mr. Skey recommends a thread of silk to be passed by means of a much-curved needle through the *centre* of the tumour. In a few days the Ranula will be found much reduced in size, leaving the thread at some distance from it. The thread should then be removed, and another applied through the centre of the remaining tumour.

**Rash** : *see* **Nettle-Rash, Itching, Roseola, Eruptions,** etc.

**Red-gum** : Cham., Puls., Calc.-C., Ant.-C.

**Relapsing-Fever** : Bry., with or without Acon.; Bapt., Gels., Eup.-Perf., Podoph.

**Remittent-Fever** : Gels., Camph. (*invasive stage*); Acon. alt. Bell. (*hot stage*) ; Cin. (*during exacerbation*); Ipec., Bry. (*gastric disturbance*); Bapt., Ars. (*typhoid symptoms*); Hyos., Bell. (*brain symptoms*); Merc.-V. (*during remission*). In cold stage, *hot* fomentations of spine; in hot, *cold* pack; during interval, spinal washing at various temperatures.

**Retching** : *see* **Vomiting.**

**Rheumatism** : Acute (*Rheumatic-Fever*)—Acon. 1x, Bry. 1x, Rhus, Bell.; Cimic. (*mild cases*); Colch. (*when the smaller joints are affected*). Wet-pack, twenty or thirty minutes, and tepid (70°) shallow bath one or two minutes.

Chronic—Rhus, Bry., Arn., Lyc., Sulph., Phos., Cimic., Caust., Merc., Ac.-Nit., Phyto., Iod., K.-Bich. Frictions. Sulphur springs. Cod-liver oil.

Of the Chest (*intercostal muscles*)—Bry., Arn., Rhod., Rhus Rad., Cimic. Belladonna liniment (F. 23).

Gonorrhœal—Merc.-Biniod.

Heart—Spig., Dig., Acon., Ver.-Vir., Cimic., Cact., Bry.

Joints—Bry., Rhus, Ruta, Rhod., Lyc., Colch., Led., Caust., K.-Hydriod.; Sang. (*of the shoulder*); Puls. (*wandering pains*).

Rheumatic Gout—Sabi. (*in females with irritation of the uterus, bladder, and bowel*); Puls., Acon., Colch., Macrot. 1x trit.

*See also* **Lumbago, Stiff-neck,** etc.

**Rhypia** : *see* **Rupia.**

**Rickets** : *see* **Rachitis.**

**Rigors** : *see* **Shiverings.**

**Ringworm** : of the Scalp—Sep., Sulph., Ac.-Sulph$^{s}$. ext. (F. 12).

Vesicular (*Herpes circinnatus*)—Iris, Tellur., Rhus, Sulph.

*See also* **Herpes Circinnatus.**

**Roseola** : (*Rose-rash*)—Acon., Rhus, Bell.

*See also* **Measles.**

**Rupia** (or, more correctly, **Rhypia** ; *atonic, foul Ulcer*): Merc. (*simple*); Ac.-Nit., K.-Hydriod., *or* Iod. (*from Mercury*); Aur. (*syphilitic*).

**Rupture** : *see* **Hernia.**

**Salivation** : Merc., K.-Chlor. (*idiopathic*); Ac.-Nit., Iod.; Hep.-S. (*mercurial*).

**Sarcinæ** : Vomiting of—Nux V. 1x gr. j. thrice daily, and Ars. 2x gr. j. morning and night.

**Scabies** (*the Itch*) : Sulph.-ointment (F. 55) *or* Sulph.-baths ; Rumex-ointment (F. 53), Ac.-Acet. dil., Vinegar, ext.

**Scald-head**: Viola Tric., Hep.-S., Ars., Staph., Calc.-C., Rhus, Lyc., Sulph.

**Scalds**: *see* **Burns.**

**Scarlet-Fever**: SIMPLE—Acon. alt. Bell., Apis; Sulph. (*during decline*); Ars. (*during desquamation*). Sponging the whole surface rapidly with cold water, then wrapping in blankets till perspiration sets in. Before desquamation begins, inunction with Ac.-Carbol. and olive oil (F. 20) once or twice daily. Dr. W. Johnson says inunction with Camph. and oil (F. 25) all through the disease is better than inunction with Ac.-Carbol.

ANGINOSA—Canth. ϕ or 1, Merc., Arum Triph. (*ulceration of throat*); Apis (*much swelling*); Ver.-Vir. (*cerebral hyperæmia, severe vomiting, and high fever*). Sponging with cold water as above. Free ventilation.

MALIGNANT—Ailan. 1x, Ars., Bapt., Phyto., Apis, Ac.-Carbol., Ac.-Mur.; *also* Spray of Ac.-Sulph., or Condy's Fluid diluted—one part of either to about twelve of water.

PROPHYLACTIC—Bell.

**Scars**: *see* **Cicatrix.**

**Sciatica**: Coloc., Acon. ϕ (*recent rheumatic with much pain*); Rhus and friction (*chronic rheumatic*); Ars. (*neuralgic*); Senec. (*of the right side*); Nux V., Phyto. (*chronic*); Cimic.

**Scirrhus**: Coni., Hydras., Ars., Thuja, Phyto., all int. and ext.

**Screams of Infants**: Cham., Acon., Ver.-Vir., Bell., Caps.; K.-Brom. (*night screaming*).

**Scrofulous Affections**: Iod., Calc.-Iod., Merc.-Iod., Sil., Phos., Sulph. Sea-bathing.

*See also* **Glands, Hip-joint Disease, Ophthalmia**: SCROFULOUS; etc.

**Scrotum**: DROPSY OF—*see* **Dropsy** LOCAL.

**Sea-Sickness**: Petrol., Staph., Cocc., Tabac., Nux V., Chlor.-Hyd.

**Self-abuse**: A professional correspondent informs us that a straitjacket cured a case in which nothing else had the slightest effect.

*See* **Spermatorrhœa.**

**Sensitiveness**: Ign., Bell., Cham.

**Serpent-bites**: Ammonia, Ars. (*rapid prostration*). A handkerchief should be tied tightly above the wound, between it and the heart, to arrest the circulation of the poison, the wound forcibly sucked by a person whose mucous surface is perfect; and, according to Hill, undiluted alcohol largely drunk by the patient, as an antidote.

**Shingles**: *see* **Herpes Zoster.**

**Shiverings**: Camph., Acon., *or* Bry. (*cold*); Gels., Ign. (*nervous, without coldness*).

**Sick-headache**: Iris, Bry., Nux V., Gels., Ver.-Alb., Ipec., Puls., Sep.

*See* **Headache.**

**Sickness**: Ipec. (*simple*); Puls., Ant.-C. (*from rich food*); Nux V. (*from alcohol*); Kreas. (*chronic*). Cold compress over stomach.

*See also* **Vomiting,** *and* **Sea-Sickness.**

**Side**: LEFT—PAIN IN—Cimic., Puls. (*hysterical or uterine*); Bry. (*right side, rheumatic, or from liver*); Ran.-Bulb., Ars. (*neuralgic or anæmic*); Arn. (*muscular*).

**Sight**: DIM—Sabi., Gels. (*with vertigo and diplopia*); *see the remedies under* **Amblyopia.**

DOUBLE—Stram., Hyos., Nat.-Mur., Cic., Gels.

*See also* **Eyes,** *and* **Amblyopia.**

**Sinking at the Stomach**: Ac.-Hydrocy., Ign., Gels., Lauro., Hydras.,

Apoc.; Bapt. (*from chronic dyspepsia*); Sep., Cimic. (*at the critical age*); Murex (*with prolapsus uteri*).

**Skin**: *see* **Eruptions.**

**Sleep**: COMATOSE—Opi., Bell., Hyos., Hell., Gels. If from poison, the patient should be persistently made to walk about.

*See also* **Drowsiness.**

**Sleepiness**: Opi., Bell., Lyc. (*after dinner*); Acon.

**Sleeplessness**: Coff. 3x *or* 3, Gels., Glon., Bell., Ign., Hyos.; Acon. (*from pain*). In simple sleeplessness, one or two drops of Gels. ϕ are invaluable. A hop-pillow; walking, riding, or driving in the open air; a well-ventilated bed-room; a cold bath on rising; and an occasional warm bath at bed-time are excellent accessories. It is better to avoid wearing flannel next the skin in bed. *Chlor.-Hyd.* is a justly favourite hypnotic; and, in doses of 15 to 20 grains, generally succeeds, if administered coincident with the usual hour of sleep, and if other conditions be favourable. But it should only be used exceptionally. "*K.-Brom.* is better than Chloral, as a rule," writes Dr. W. Johnson, "and very far less dangerous; three to five grains, every half-hour or hour, or, in some cases, larger doses."

**Small-pox**: Ant.-T.; Apis (*much swelling and itching*); Merc. (*during suppurative fever*); Ars., Bapt. (*typhoid symptoms*); K.-Brom., Acon., Bell., Sulph. Itching is best allayed by dusting the body with powder made of violet powder eight parts and *Ant.-T.* 1x one part.

TO PREVENT PITTING—The pustules on the face should be pricked with a needle after its immersion in *Ac.-Carbol.*

**Smell**: LOSS OR PERVERSION OF—Acon. (*recent*); Puls., Merc., Sep., Calc.-C., Plumb.

**Sneezing**: Merc., Euphr., Ars., K.-Hydriod., Ipec.

*See also* **Cold.**

**Softening of the Brain**: *see under* **Brain.**

**Soreness of Infants**: *see* **Excoriations.**

**Somnambulism**: Zinc., Opi. (*heavy sleep*); Acon., Cup.-M., Phos., K.-Brom. 1x, 5 grains at bed-time. Wearing a copper wire from the body to the ground is said to be very successful.

**Spasms**: Coloc. (*of the bowels*); Nux V. (*of the stomach and bowels*); Ver.-Ver. (*sudden spasms of children from congestion, with nausea, prostration, etc.*); Gels., Cocc. Camph. 3 drops every half-hour, repeated several times.

**Specks before Eyes**: *see* **Muscæ Volitantes.**

**Spermatorrhœa**: Arg.-Met., China, Coni., Ferr., Gels., Dios., Nuph., Phos., Ac.-Phos., Staph., Dig., Eryng., Liq.-Sod.-Chlor., Iris.

**Spina Bifida** (*cleft spine*): Calc.-Phos. The tumour should be protected by cotton wool under a piece of leather or gutta-percha moulded to the part.

**Spinal Irritation**: Cimic., China, Ign., Agar., Nux V., Macrot. Hot and cold, or tepid washing of the back.

**Spine**: CONCUSSION OF—Arn., Diosc., Hyper., Cic.

CONGESTION OF—Acon., Ver.-Vir. (*acute*); Rhus (*rheumatic*); Gels., Nux V., Bell., Agar.

*See also* **Spinal Irritation.**

**Spitting of Blood**: *see* **Hæmoptysis.**

**Spleen**: ENLARGEMENT OF—Merc.-Biniod., China, Ferr., Agar., K.-Brom.

**Sprain**: Immediately bathing with water as hot as can be borne for a length of time, followed by a

compress of Arn., Acon., Rhus, *or* Ruta. This treatment, employed promptly, generally cures at once. Dr. Dalzell recommends *kneading* the part, softly at first, and more vigorously as the pain subsides, using a little oil to prevent the friction from irritating the skin. Rest, extension of the joint to remove deformity, and sometimes a roller and splints to keep it in position, are points that should receive early attention, particularly in sprains and dislocations of the ankle with fractures of the fibula. Good strapping is often better than a roller, for it does away with the necessity for rest. Neglected sprains often require either *Iod.*, or *K.-Hyd.*, int. and ext.

**Squinting** : *see* **Strabismus.**

**Stammering** : The patient should be taught anew the use of language, and deliberately to form his mouth into the requisite shape. Medicines according to the general condition.

*See also* **Chorea.**

**St. Vitus' Dance** : *see* **Chorea.**

**Sterility** : IN THE FEMALE—Coni., Sep., Dig., Plat., Bor., Calc.-C., Iod., Helon., Cimic. See Sitz-bath, under **Menstruation** : SCANTY.

**Stiff-neck** : Acon. alt. Bell. (*from cold*) ; Ant.-T., Cimic., Bry., Bell. ; Dulc. (*from damp*). Wrap in cotton wool.

**Stings** : Liq.-Ammoniæ, Aq.-Potass., Led., *or* Rhus, diluted, ext. The application of a fresh slice of onion to a wasp- or bee-sting, gives instant and often permanent relief.

**Stitch-in-the-Side or Chest** : Bry., Ran.-Bulb., Cimic., Acon., Arn.

*See* **Pleurisy.**

**Stomach**: ACIDITY OF—Calc.-C., Rob., Lyc.

*See also* **Dyspepsia.**

INFLAMMATION OF—Acon. (*acute*); Ant.-T., Ars. Small pieces of ice to swallow ; fomentations and a compress.

PAIN OR SPASM OF—Acon., Nux V., Cham. (*spasm*) ; Bism. (*burning pain, vomiting*) ; Ars. (*pain and vomiting*).

*See also* **Dyspepsia.**

**Stomatitis** : Merc.-Cor., Hydras., Bapt. (*with much saliva*) ; K.-Chlor. ; when given internally, its local use is unnecessary. Hydras.-Mur. (F. 41) ext. every three hours.

**Stone** : *see* **Calculus** *and* **Gravel.**

**Strabismus** : Gels., Bell., Hyos., Stram. (*from cerebral causes*) ; Cin. (*worms*) ; Bry. (*rheumatic*) ; Nux V. (*over-use of the eyes*) ; Spig., Phos. (*undetermined causes*). For optical defects, spectacles are required. The constant use of gutta-percha goggles in which a hole the size of a pea has been pierced, has sometimes proved curative after all other means had failed. By their use the exercise of the sight is prevented, except in a proper direction.

**Strain** : *see* **Sprain.**

**Strangury** : Camph. (*urgent and painful*) ; Nux V. (*spasm*) ; Bell. (*nervous, and in children*) ; Acon. (*from cold*) ; Canth., Apis, Copa. 1x (*in elderly women*). Hot sitz-baths.

**Stricture**: *see* **Urethra.**

**Strophulus** (*red-gum rash*) ; Cham., Puls., Ant.-C. (*gastric derangement*).

**Struma** : *see* **Scrofulous Affections**, etc.

**Stye** : Puls., Merc. ; Thuja, Sulph., Staph. (*to prevent recurrence*) ; Merc.-Iod. and Merc.-Iod. ointment (F. 49) ext.

**Suffocation** : FEELING OF—Ign.,

Cimic. (*nervous*); Acon., Dig., Cact., Lilium, Ac.-Hydrocy., Samb. (*from heart-disease*).

**Sunstroke**: Bell., Camph., Gels., Ver.-Vir., Glon. The last remedy is valuable for sunstroke and its *sequelæ*.

**Suppuration**: Sil., Hep.-S., Merc., Calc.-C.; China ϕ (*for debility*), alt. Sil. (*profuse discharge*); Calc.-Phos. (*strumous cases*).

**Sweat**: Ac.-Phos., Phos., Ver.-Alb., Samb., Calc.-C.; Merc. (*sour*); Petrol., Carbo V. (*fœtid*); Sil. (*head*).

TENDENCY TO—China, Merc., Ver.-Alb., Carbo V.

*See also* **Night-Sweats.**

**Sweating Fever**: Acon., Bry., Samb.

**Swellings**: *see* **Glands, Gumboils, Dropsy**, etc.

**Swooning**: *see* **Fainting.**

**Sycosis**: *see* **Beard**: ACNE OF. *For* SYPHILITIC SYCOSIS, *see* **Condylomata.**

**Syncope**: *see* **Fainting.**

**Synovitis**: *see* **Joints**: INFLAMMATION OF.

**Syphilis**: Merc.-S., Ac.-Nit., Thuja, K.-Hydriod., Still., K.-Bich., Phyto., Arg.-Nit., Aur.

**Tabes Mesenterica**: Merc.-Cor. (*when glands are in an inflammatory state*); Iod., Hydras., Sulph., Agar., Ars., Lyc., Calc.-C. In cases of great accompanying Atrophy, inunction with olive oil over the whole body every evening. For, or even without, Constipation, the abdominal wet bandage, changed two or three times a day.

**Tabes Dorsalis** (*wasting of posterior columns of spinal cord, causing Paralysis*): *see under* **Paralysis.**

**Tape-worm**: *see* **Worms.**

**Tarsal Ophthalmia**: Hep.-S., Euphr., Clem., Sulph., Calc.-C., Merc.-Præcip.-rub. int. and ointment (F. 50). Sometimes it is desirable to alternate the last prescription, week by week, with *K.-Hydriod.* 3x, and an ointment of three grains of the pure salt to ʒj. of simple ointment.

**Taste**: LOSS OF—Puls.; Merc. (*depraved*); Plumb., Sil.

**Teeth**: CARIES AND DECAY OF—Merc., Kreas., Phos., Staph., Ars., Sil., Calc.-C. Passing a thread between the teeth two or three times a week, commencing with their appearance, would, upon reasonable calculations, diminish proximate decay one half. Frequent washing and brushing the teeth is both preventive and curative.

SORENESS AND SENSITIVENESS OF —Merc., Bell., Mang., Sulph.

*See also* **Toothache** *and* **Dentition.**

**Tenesmus** (*straining, difficult evacuation*): Merc., Merc.-Cor., Aloes (*dysenteric or with diarrhœa*); Sulph., Nux V., Alum., Podoph., Plumb. (*with constipation*); Arn.

**Testicles**: ENLARGEMENT AND INFLAMMATION OF—Acon., Puls., Bell., Aur., Spong., Arn., Clem. *Also* the use of a suspender.

NEURALGIA OF—Aur.

WASTING OF—Iod., Coni. A professional correspondent informs us that he has cured three cases by K.-Hydriod.

**Tetanus**: Acon. (*from cold*); Cham., Ham., Coni., Rhod.; Cin. *or* Ign. (*from worms*).

TRAUMATIC—Nux V., Strych., Acon., Bell., Ac.-Hydrocy.

**Tetter**: DRY: *see* **Psoriasis.**

MOIST—*see* **Herpes.**

BRANNY—*see* **Pityriasis.**

**Thecal Abscess**: *see* **Whitlow**

**Thread-worms**: Cin., Teuc., Merc., Sant., China, Urt.-U.; Ign. (*nervous irritability*).

*See also* **Worms.**

**Throat**: SORE — Acon., Bry. (*simple acute, with dryness*); Bell. (*scraped sensation, and bright redness of the part*); K.-Bich. (*dark red*); Arum Triph. (*burning roughness and stinging*); Merc. (*swollen sensation, salivation, etc.*); Hep.-S. (*chronic cases*); Phyto. int. and as a gargle (F. 29), or Tannin (F. 29), when much mucus adheres to the membrane. Cold compresses. Hot water gargles are useful, but inhalation of steam is often better; sucking ice also gives relief.

RELAXED OR CLERGYMAN'S THROAT —Calc.-C., Phos., Phyto. (int. and by inhalation), K.-Hydriod., Caust., K.-Bich., Ac.-Nit., Carbo V.; Ars., Ac.-Mur. (*gangrenous*). According to V. Grauvogl, *Arn.* is a most excellent remedy; but in our practice Phyto. 1x generally succeeds. In a note Dr. Dalzell remarks:—"The majority of cases of clergyman's sore throat are cured by learning to use the vocal organs properly; that is, speaking with the mouth, and not in the throat with half-empty lungs."

*See also* **Cold in the Head, Quinsy,** etc.

**Throat Deafness**: Puls. (*recent*); Iod. 3x (*chronic*).

**Thrush**: *see* **Aphthæ.**

**Tic Douloureux**: *see* **Neuralgia**: FACIAL.

**Tinea Favosa**: *see* **Porrigo.**

**Toe-nails, Ingrowing**: *see* **Nails.**

**Tongue**: COATED — Ant.-C. (*milky-white; offensive breath*); K.-Bich. (*yellowish*); Puls. (*roughish white*); Nux V. (*fore part clean, back part thickly furred*); Rhus, Bry. (*brownish*); Merc. (*thick, whitish, slimy fur, offensive breath*).

CRACKED OR FISSURED — Merc.-Cor., Ac.-Nit., Spig. Hydras. int. and as a wash.

DRYNESS OF—Acon., Ars., Bell., Tereb., Bry., Merc., Phos.

INFLAMMATION AND SWELLING OF —Acon. alt. Merc. (*from cold*); Bell. alt. Hep.-S. (*mercurial*); Apis, Arum Triph. (*œdema*). In acute Glossitis, with great swelling, Mr. Nankivell says he has found scarification necessary.

ULCERS ON — Merc., Merc.-Cor., Merc.-Iod. (*simple, non-mercurial cases*); Ac.-Nit. (*mercurial*); Bapt. as a wash; Hydras. int. and as a wash; Phyto.

**Tonsils**: INFLAMMATION OF (ACUTE) —*see* **Quinsy.**

CHRONIC ENLARGEMENT OF—Baryt.-Carb., Sep., Calc.-Phos., Merc.-Iod., Calc.-Iod., Sil. (*strumous patients*); K.-Hydriod. (*syphilitic*).

**Toothache**: Acon. *or* Bell. (*burning throbbing*); Merc. (*gnawing, aching, swollen gums, decayed teeth, flow of saliva, gum boil, one tooth rises above the level of the other, etc.*); Kreas. (*from decayed teeth*); Bry. 1x, Merc.-V. (*worse at night, tender to touch*); Glon. 3x (*pains extending to back of head with stiffness*); Cham. (*neuralgic, the pains being unbearable, with swelling of the face, especially in females and children*); Coff. (*relieved by cold; nervous excitability, etc.*); Puls., Staph.; Phos. *or* Ars. (*tendency to*).

DURING PREGNANCY—Bell., Cham., Coff., Nux V.

*See also* **Face-ache, Neuralgia,** etc.

**Tooth-rash**: *see* **Strophulus.**

**Torticollis**: *see* **Wry-Neck.**

**Tracheitis** (*inflammation of the trachea*): *see* **Croup.**

**Tremors**: NERVOUS — Acon., Ign., Coff., Bell., China, Gels.

**Trismus** : *see* **Tetanus.**

**Tuberculosis** : Iod., Phos., Calc.-C., Ferr.-Iod., Calc.-Iod.

**Tympanitis** (*distention of the bowels with air*): Coloc., China, Hyos., Iris, Tereb., Nux V., Ars., Lyc., Carbo V.

**Typhoid-Fever** : *see* **Enteric-Fever.**

**Typhus-Fever** : Acon., Bry., Bapt. (*most stages; bewilderment; sinking of the vital forces* [*also* Ars.]); Ver.-Vir. (*invasive stage*); Hyos., Bell., Opi., Rhus (*brain symptoms*); Cic. (*insomnia*); Ac.-Phos., Ars. (*extreme exhaustion*); Phos. (*lung-complications*); Merc.-Biniod., Phyto. (*glandular enlargements*); Ars., Bapt., Rhus, Ac.-Mur. (*much toxæmia*); Tereb. 1x (*purplish petechiæ about the* 12*th day*). *In* true Typhus, *Rhus* is most frequently indicated. Ac.-Phos., China, Sulph., Psorin (*convalescence*).

**Ulceration** *and* **Ulcers** : K.-Bich., Hydras., Rhus, int. and ext., Ars., Phos. (*small punched-out ulcers; chronic, and with debility*); Bell. (*erysipelatous appearance*); Caust., Sil. (*of lower extremities*); Merc., Merc.-Iod., K.-Hydriod., Ac.-Nit.; also local applications of Ars. lotion (F. 25), Ac.-Nit. lotion (F. 33) (*syphilitic*); Sil. (*torpid*); Merc.-Iod., Phos., Sulph., *or* Calc.-C. (*scrofulous*). Ac.-Carbol. lotion (F. 31) (*torpid or fungous ulcers*).

Varicose : Ars. (*burning, debility*); Lyc.; Ham., ext. and int.; Ferr.-Mur., ext.

**Urethra** : Inflammation of—Cann., Gels. *See also* **Gonorrhœa.**

Stricture of (*spasmodic*)—Painting under surface of urethra with Bell. ϕ; Gels., Camph. (*especially when caused by blistering-fly*); Canth., Acon. (*urging, with cutting and tearing pains*); Merc. (*purulent discharge*); Nux V., Sulph., Clem.; also a hot-bath, fomentation, or injections per rectum. Cann., Hydras. ϕ (*organic stricture, and after repeated attacks of Gonorrhœa*). When passing catheter the patient should sit on hot sponge.

**Urine** : Abnormal Conditions of—Canth., Tereb., Ham. (*bloody*); Tereb., Dulc., Ac.-Nit. (*fœtid*); Lyc., Nux V., Ant.-C. (*gravelly*); Lyc. (*lithates*); Acon. (*with fever*); Bry. (*high coloured*); Ac.-Phos. (*milky looking, especially in children*); Chim. (*difficult urination, with mucous sediment*); Aur., Iod., Eup.-Pur., Dulc., Ant.-C., Ac.-Nit., Puls. (*mucous*); Uva (*thick and ropy*); Canth., Clem., Puls. ϕ, Chim., Sabi. (*purulent*); Lyc., Puls. (*purulent, with nauseous smell and gastric derangements*); Cin. (*thick and turbid, whitish, worms, etc.*); Merc., Ac.-Phos. (*symptoms worse in the morning*); Sabad., Rhus, China, Phos.

Excessive—Scill. (*pale, watery*); Murex (*very pale and excessive*); Ign., Hyos. (*hysteric patients*); Ars., Ac.-Phos. (*diabetic*); Bell., Phos.

Burning or Scalding during passage of—Canth., Copa. 2x, Cann., Merc.-Cor., Gels., Acon., Bell., Apis, Lyc., Nux V.

Incontinence of—Cin. (*from worms*); Ac.-Phos. (*especially in old men*); Podoph. (*in women with sense of prolapsus*); Bell.[1] (*copious nocturnal discharges*); Ac.-Benz. (*in children with dry, rough skin, particularly with offensive odour*); Uran.-Nit., Gels., Ac.-Benz. (*in the aged*); Ac.-Phos., Canth. (*nocturnal in*

[1] Dr. W. Johnson remarks, "*Bell.* in large doses is a royal remedy for those copious spasmodic night evacuations which seem to have a certain analogy with Epilepsy."

*children*); Ferr.-Phos. (*diurnal only*); Ars. (*when caused by iron*); Acon., Canth., Arg.-Nit., Apis, Eup.-Pur., Lyc.

SCANTY—Acon., Bry., Canth., Apis, Colch., Dig., Hell., Ruta, Staph. *See also* **Dropsy.**

RETENTION OF—Camph. (*sudden spasmodic*); Nux V. (*spasmodic*); Gels., Ign. (*hysterical*); Canth., Opi., Arn., Hyos. (*in typhoid*).

SUPPRESSION OF—Tereb., Acon. (*from cold*).

**Urticaria**: SIMPLE—Apis, Rhus, Crot.-Tig., Urt.-U.; Ars. alt. Apis are recommended.

FROM COLD—Acon.; Dulc. (*from damp*).

FROM GASTRIC DISORDER—Ant.-C., Nux V., Puls.

CHRONIC—Ars., Sulph.-Quin., Apis, Sulph.

**Uterus**: ANTIVERSION OF—Lilium.

CONGESTION OF—Bell., Murex, Lilium, Ver.-Vir. and lotion over the abdomen, *or* Sabi. (*arterial*); Coni., Puls., Sep. (*venous*); Gels., Caul., Cimic. Dr. Moore says, "*Merc.-Sol.* and *Sep.* after *Bell.* are most reliable."

HÆMORRHAGE FROM—Ham., Ipec., Trill., Croc., Sec., Sabi., China, Erigeron.

*See also* **Menstruation**: PROFUSE.

INDURATION OF—Merc.-Cor., Plat., Aur., Iod., Sil.

INFLAMMATION OF—Acon., Bell., Nux V., Iod.

IRRITABILITY AND NEURALGIA OF—Acon., Cimic. (*especially rheumatic*); Bell., Plat., Xanth., Gels., Ver.-Vir., Caul.

PROLAPSUS OF—Helon., Podoph., Bell., Sep., Arn., Stann., Sec., Nux V., Aletris, Merc.-S.

RETROVERSION OF — Ferr.-Iod., Sep., Aletris.

SPASM OR COLIC OF—Cocc., Caul., Nux V., Ign., Sec., Cham., Gels.

ULCERATION OF—Merc.-C., Sep., Ars. Also local application of Glyc. Hydras. (F. 6), *or* injections of Calend. lotion (F. 29), of Carbol. Glycer. (F. 32).

**Varices**: *see* **Veins**: VARICOSE.

**Varicocele**: Puls.; Ham. int. and ext.; also a suspender, or Hernia truss.

**Variola**: *see* **Small-pox.**

**Veins**: INFLAMMATION OF—Acon. alt. Puls.; Ham. (*varicose condition*); Phos., Lach. *Also* Arn. ext. (*for pain*); *or* Ham. ext. (*varicosis*).

VARICOSE—Ham., Puls., Ac.-Fluor, Sil., Ham. ext.

*See also* **Ulcers**: VARICOSE.

**Venereal Disease**: *see* **Gonorrhœa, Syphilis,** etc.

**Vertigo**: Gels., Nux V., Puls., Calc.-C., Bell. (if Bell. fail, Atropia), Bry., Acon.; Ac.-Hydrocy. (*with headache*); Cact. (*from heart disorders*); Cocc. (*with sickness*); Iod. (*in old persons*); Dig. (*from feeble heart's action*); Glon. (*with occipital pain*); Sulph.; Ac.-Phos. (*brain-fag*).

**Vesicles**: *see* **Eruptions**; **Erysipelas**: VESICULAR; etc.

**Vicarious Hæmorrhage**: *see* **Menstruation**: VICARIOUS.

**Voice**: HOARSE, LOSS OF, WEAKNESS OF, etc.—Caust. (*recent, from cold, or over-use of the voice*); Arn. (*from over-use*); Acon., Bell. (*acute cases, with dry hard cough*); Phyto. (*constant dryness and roughness, with cough, and dark redness of the fauces*); Hep.-S., Rumex (*chronic hoarseness, wheezing breathing, loose cough, etc.*); Nux V. (*from spinal irritation*); Graph. (*dry, rough voice, cough, etc.*); Ant.-C. ("*when heated*"); K.-Bich. (*especially in tenor voices or in beer drinkers, with dark redness of*

*fauces*); Phos., Carbo V. (*in elderly men*); Spong.

*See also* **Aphonia**; *and* **Hoarseness.**

**Vomiting**: CHRONIC—Kreas., Ipec. (*with retching*); Ver.-Vir. (*violent prolonged vomiting and hiccough, and sensation as of a ball rising in the throat*); Cocc., Petrol. (*from the motion of a carriage; see* **Sea-Sickness**); Hydras., Kreas., Ars. (*from ulceration or cancer of the stomach, with wasting; gastritis, etc.*); Zinc. (*without retching*); Ac.-Sulph. (*empty retching*); Coni. (*chocolate-coloured in cancer symptoms*); Arg.-Nit. (*with great sourness*); Lyc. (*greenish masses*); Ant.-T. (*whitish rice-water vomit, with diarrhœa of similar fluid*); Nux V. (*from gastric causes preceded by spasmodic pains*); Ver.-Alb. (*prostration and cold sweats*); Puls. (*mucous*); Nux V. 1x alt. Ars. 2x (*vomiting of Sarcinæ*). Cold compress over stomach. In obstinate vomiting from spinal irritation Dr. Dalzell has found Chapman's spinal ice-bag give speedy and permanent relief, applied an hour or more morning and night.

OF BILE—Iris, Podoph., Ipec., Bry., Merc.

OF BLOOD—Ipec., Ham., Kreas.

*See* **Hæmatemesis.**

OF MILK IN CHILDREN[1]—Nux V. 1, Ac.-Sulph$^{s}$., Ipec., Sil.

CURDLED—Æthusa.

*See also* **Dyspepsia**; **Sickness.**

**Vulva** (*for laceration of the posterior commissure from labour, especially from instrumental delivery*); Glyc. of Hydras. (F. 6) should be applied to the parts several times a day. Some practitioners prefer *Calend.* to *Hydras.*

[1] The prescriptions in the text are not for vomiting from overfeeding.

**Vulvæ pruritus**: Chlor.-Hyd., Collin. 1x, Sep., Bor. int. and ext., Ign. 3x, Opi., Apis 2x. Local use of the flowers of Sulphur (*especially for Worms*), Ac.-Carbol. lotion (F. 31). Ferri Tinct. dil. Infusion of Tobacco. Borax ʒiij., Ac.-Hydrocy. dil. ʒj., Rose water ʒx.

**Walking**: DELAY OF THE POWER OF —Calc.-C., Sil., Phos., Ver.-Vir., Caust., Sulph., Calc.-Phos.

**Wakefulness**: *see* **Sleeplessness.**

**Warts**: Calc.-C. (*small, soft*); Sep. (*large, hard*); Sil., Sulph.

**Wasting**: *see* **Atrophy**: *also* **Emaciation.**

**Water-brash**: Lyc., Nux V., Iris, Bry., Carbo V., Rob., Ars.; Ac.-Sulph., a few drops in a wineglass of water.

*See* **Heartburn, Dyspepsia,** etc.

**Weakness**: *see* **Debility.**

**Water-in-the-Head**: *see* **Brain**: DROPSY OF.

**Wens**: Bary.-Carb., K.-Hydriod., Sil., Calc.-C., Graph., Lyc. Dr. Clifton informs us of the cure of a Wen by *Coni.* 3x, which was administered for a uterine ailment. He has also cured several by puncturing with a subcutaneous needle, letting out a little of the contents, and then filling with *Phyto.* ϕ. Dr. Newton states that he has removed several large Wens with *Bary.-Carb.* 6. Dr. Murray Moore adds, in a note, "*Hep.-S.* often causes Wens to suppurate spontaneously, discharge, and disappear."

**Wetting-the-Bed**: *see* **Urine**: INCONTINENCE OF.

**Whites**: *see* **Leucorrhœa.**

**White-Swelling**: Bry., Arn. (*early stage*); Iod., Sil., Calc.-C., Sulph.

**White-Legs**: *see* **Phlegmasia Alba Dolens**

**Whitlow**: Sil. alt. Bell. *or* Acon.; Hep.-S., Merc.; Stram. (*intolerable pain*). Paint the part affected with strong *Ac.-Nit.*; the relief to pain is almost instantaneous; if the unaffected part is touched with the acid, and smarting caused, it is relieved by plunging it in cold water. Should the latter fail to relieve the pain, a solution of *Phos.* should be painted on the finger. If administered early, *Sil.* 3x generally prevents the development of a Whitlow. Hot fomentation or poulticing is useful.

**Whooping-Cough**: *see* **Hooping-Cough.**

**Wind**: *see* **Flatulence.**

**Womb**: *see* **Uterus.**

**Worms**: LONG *or* ROUND—Merc., Sant., Ign., Spig., Sulph., Cin. ϕ.

TAPE—Filix.-Mas. ϕ in drop doses, morning and night for two or three weeks; Kousso, Cin., Sulph. Haustus Filicis Maris (F. 57). The draught early in the morning after fasting or after taking only liquid nourishment during the previous day. Dr. E. M. Hale states that "Pumpkin seeds, bruised, ʒj. at night; next morning castor oil ʒss and ether ʒj. mixed, will be followed by the expulsion of the worms in 6 to 8 hours."

THREAD—Cin. (*children*); Samb., Filix, Teuc. 1x (*adults*); Ign., Sulph. Sant. 1x, and suppositories of cocoa-butter containing gr. ss. of *Sant.* Mr. Nankivell thinks *Sant.* the best remedy, and prefers it to *Cin.* Lime-water injections for a week are recommended. In obstinate cases a large injection may be used, in which a solution of Corrosive Sublimate (¼ gr. to ʒij.) is added.

**Wounds**: Calend. (*lacerated and incised*); Led. (*punctured*); Arn. (*contused*); Ham. (*much discoloration*)—all remedies should be used int. and ext.

**Wry-Neck**: Cimic., Macrot., Rhus, Ign., Bell., Nux V., Merc.

**Yawning**: Ign., Plat., Rhus (*convulsive*); Acon. (*with chilliness, and excessive and continually-recurring flatulence*); Nux V., Lyc., Zinc.

**Yellow-Fever**: Camph. (*chill-stage*); Acon. alt. Bell. (*fever*); Phos.; Bry., Ipec. (*gastric symptoms*); Canth. (*suppressed urine*); Arg.-Nit. (*black-vomit*).

**Zona**: *see* **Herpes: ZOSTER.**

# Formulæ.

## Glyceroles, Injections, Liniments, Lotions, and Ointments.

### I.—GLYCEROLES.

1. Glycer. Aloes.

℞. Tr. Aloes ϕ ℥j.
Glycer. ℥ix. M.

*Cracked skin, lips, nose, hands, etc.; fissured and sore anus.*

2. Glycer. Amyli.

℞. Pulv. Amyli opt. ℥j.
Glycer. ℥viij.

Rub together till intimately mixed; then transfer the mixture to a porcelain dish, and apply heat, gradually raised to 240° F., stirring constantly until the starch particles are completely broken, and a translucent jelly is formed.

*Broken Chilblains; Fistula; Prolapsus ani; prevention of bed-sores; irritation of the skin from any cause; etc.*

3. Glycer. Amyli Medicat.

℞. Glycer. Amyli ℥j.
Trit. vel. Tinct. ϕ ℥j. M.

4. Glycer. Boracis.

℞. Pulv. Boracis ℥j.
Glycer. ℥iv. Solve.

*Thrush; Pruritus vulvæ.*

5. Glycer. Extracti Hamam.

℞. Extracti Hamam. ℥j.
Glycer. } aa ℥iiss. M
Aq. Dest. }

*Fistula of anus; Prolapsus.*

6. Glycer. Hydrast.

℞. Tr. Hydrastis Can. ϕ ℥j.
Glycer. ad ℥ss. M.

*Inflammation of uterus; sore nipples; fissured anus; cracked lips; etc.*

7. Glycer. Ac. Mur.

℞. Ac. Hydrochlor. P. B. gtt. v.
Glycer. ℥ss. M.

*Ulcerous Thrush; ulcerated throat.*

8. Glycer. Ac. Mur. Fort.

℞. Ac. Hydrochlor. P.B. gtt. x.
Glycer. ℥ss. M.

*Ulcerated throat; Thrush; etc.*

9. Glycer. Phytolaccæ.

℞. Tr. Baccæ Phyto. Decand. ϕ ℥j.
Glycer. ad ℥ss. M.

*Inflammation of bone; Condylomata; excoriation of breast, etc.*

10. Glycer. Amyli *c.* Ac. Tannic.

℞. Glycer. Amyli ℥j.
Glycer. Ac. Tannici ℥j. M.

*Itching of anus, etc.*

11. Glycer. Ac. Tannici.

℞. Ac. Tannici ℥j.
Glycer. ℥iv.

Rub together in a mortar, then transfer the mixture to a porcelain dish, and apply a gentle heat until completely dissolved.

12. Glycer. Ac. Sulphurosi.

℞. Ac. Sulphurosi ℥ij.
Glycer. ℥jss. M.

*Chapped hands; Chilblains; Ringworm, etc.*

13. Glycer. Ver.-Vir.

℞. Tr. Ver.-Vir. ϕ ℥j.
Glycer. ℥ix. M.

*Sore nipples.*

### II.—INJECTIONS.

14. Injectio Glycer. Hydrast.

℞. Hydrast. Can. ϕ ℥j.
Glycer. ℥iij. M.
Aq. Dest. ℥ss.

*Gleet; inflammation of the womb.*

15. Injectio Morphiæ.

℞. Morphia Pur. gr. ij.
Ol. Amyg. Dulc. ℥j.
Triturate together in a mortar.

16. Injectio Pot. Permang.

℞. Pot. Permang. Crysllls. grs. v. vel. x.
Aq. Dest. ℥j. Solve.

*Gonorrhœa.*

17. Injectio Liq. Plumbi.

℞. Liq. Plumbi Diacet. ℥ss.
Aq. Dest. ℥ij. M.

18. Injectio Glycer. Ac. Tann.

℞. Glycer. Ac. Tann. (F. 11) ℥iij.
Ol. Oliv. ℥j.
Mucilage ℥j. M.

*Gonorrhœa.*

19. Injectio Zinci Chlor.

℞. Zinci Chlor. grs. viij.
Aq. Dest. ℥viij

*Gonorrhœa; Gleet.* Solve et cola.

## III.—LINIMENTS.

20. Lin. Ac. Carbol.

℞. Ac. Carbol. Pur. ℥j.
Ol. Oliv. opt. ℥iv. M.

*To facilitate desquamation in Scarlet-Fever, Measles, etc.*

21. Lin. Ac. Carbol. Fort.

℞. Ac. Carbol. Pur. ℥ij.
Ol. Oliv. opt. ℥jss. M.

*Burns and Scalds; to prevent excoriations, etc.*

22. Lin. Acon.

℞. Tr. Acon. Rad. ϕ ℥j.
Lin. Saponis P. H. B. ad ℥j. M.

*Neuralgia; local forms of Rheumatism.*

23. Lin. Bell.

℞. Chlorof. ℥j.[1]
Tr. Bell. ϕ ℥vij. M.

*Neuralgia; Rheumatism.*

24. Lin. Calcis.

℞. Ol. Lini. ℥ij.
Liq. Calcis. ℥ij.
Tr. Calend. ℥ij. M.

*Burns; Chilblains, etc.*

Linen saturated with this and applied over the burn, and occasionally painted over with a soft brush, without removing the linen.

25. Lin. Camphoræ.

℞. Camphoræ ℥j.
Ol. Oliv. opt. ℥iv. Solve.

*Scarlatina; Chicken-pox; Itching.*

26. Lin. Rhois Tox.

℞. Tr. Rhois Tox. ϕ ℥jss.
Lin. Saponis P. H. B. ad ℥jss. M.

*Lumbago, and other forms of local Rheumatism; Strains; Stiffness of joints; etc.*

27. Lin. Urticæ Ur.

℞. Tinct. Urt. Ur. ϕ ℥j.
Ol. Oliv. opt. ad ℥viij. M.

*Ulcerated Burns.*

28. Lin. Ver.-Vir.

℞. Tr. Ver.-Vir. ϕ ℥j.
Lin. Saponis P.H.B. ad ℥j. M.

*Over lower part of spine, in some forms of Paralysis, and nervous pain.*

## IV.—LOTIONS.

29. Lotiones Medicat.

℞. Tr. ϕ ℥j.
Aq. Dest. ad ℥vj. M.

30. Lotio Ac. Benz.

℞. Ac. Benz. Pur. grs. xv.
Aq. Dest. ℥viij.
Sp. V. Rect. ℥iij.

Dissolve the Benzoic Acid in the Rectified Spirit, add the distilled

[1] "Chloroform has been proved by Dr. A. Waller to give great power to spirit to carry medicines through the skin into the circulation. I take advantage of this fact and add Chloroform to all spirituous lotions, as Arn., Rhus, Bell., Opi., Cimic., etc. It is frequently necessary to soften the above chloroformized lotions by additions of oil" (*Dr. W. Johnson*).

water, and shake thoroughly until the precipitate which forms is entirely redissolved.

*Sore nipples; Itching of the skin, etc. Its usefulness has been largely tested.*

31. Lotio Ac. Carbol.

℞. Ac. Carbol. Pur. gr. x.
Aq. Dest. ℥vj. Solve.

*Ulcers; Inflammation of the mouth; Pruritus Vulvæ.*

32. Lotio Ac. Carbol. Fort.

℞. Ac. Carbol. Pur. ℥jss.
Glycer. ℥ss.
Aq. ad ℥vj.

*Burns and Scalds; to prevent excoriations, etc.*

33. Lotio Ac. Nit.

℞. Ac. Nit. Fort. gtt. xxiv.
Aq. Dest. ℥vj. M.

34. Lotio Ant. Tart.

℞. Ant. Tart. Pulv. gr. j.
Aq. Calid. ℥ss.
Glycer. ℥ss.

Dissolve the Antimony in the warm water, and add the Glycerine.

*Acne of the beard.*

35. Lotio Arsenici.

℞. Tr. Ars. 2x. ℥ss.—℥j.
Aq. ℥vj.—℥viij. M.
Or ℞. Liq. Arsenicalis (B.P.) gtt. v.—x.
Aq. ℥viij. M.

*Ulcers, with internal use of Arsenic; Pruritus vulvæ.*

36. Lotio Boracis.

℞. Pulv. Boracis gr. xx.
Aq. Dest. ℥ij. Solve.

*Excoriations; Pruritus vulvæ.*

37. Lotio Boracis *c.* Campii.

℞. Pulv. Boracis ℥j.
Sp. Camph. ℥j.
Lin. Saponis ℥ij.
Glycer. ℥ss.
Aq. Dest. ℥xii. M.

*Ringworm, Dandriff, etc.*

38. Lotio Calc. Mur.

℞. Tr. Calc. Mur. 1x ℥j.
Aq. Dest. ad ℥j. M.

*Boils.*

39. Lotio Carbonis Deterg.

℞. Liq. Carb. Deterg. ℥ss.
Aq. Dest. ad ℥viij. M.

*Porrigo; Eczema; Itching of anus.*

40. Lotio Hamam. Fort.

℞. Tr. Hamam. ϕ ℥ij.
Aq. Dest. ℥j. M.

*Chilblains; Fistula; Phymosis.*

41. Lotio Hydrast. Mur.

℞. Hydrast. Mur. grs. iij.
Aq. Dest. ℥iij. Solve.

*Stomatitis.*

42. Lotio Kali Hyd.

℞. Kali Hyd. ϕ ℥j.
Aq. Dest. ℥viij. Solve.

*Glandular swellings.*

43. Lotio Sulphuris.

℞. Tr. Sulph. ϕ ℥j.
Aq. Dest. ad ℥j. M.

*Ulcers; Acne of the beard.*

## V.—OINTMENTS.

44. Ung. Arnicæ.

℞. Flor. Arnicæ ℥iij.
Fol. Arnicæ ℥j.
Adipis Præparatæ ℔ij.

Moisten the flowers and powdered leaves with half their weight of distilled water, heat them together with the lard in a water-bath for three or four hours, and strain.

*An excellent method of applying Arn. to parts where the lotion cannot be used.*

45. Ung. Bals. Peru.

℞. Bals. Peru. ℥ij.
Cerat. Cetacei, ℥iv. M.

*A useful cerate for bed-sores.*

46. Ung. Bismuthi.

℞. Bismuth.-Nit. grs. xxx.
Adipis Præparatæ, ℥j. M.

*Obstinate and intense itching and irritation, such as attends Eczema, and other skin diseases.*

47. Ung. Hep. Sulph.

℞. Hep. Sulph. Pur. grs. iij.
Adipis Præparatæ ℥j. M.

*Ganglion.*

48. Ung. Hydrarg. Nit. Dil.

℞. Hydrarg. Nit. P. B. ℥j.
Cerat. Cetacei ℥j. M.

*Itching of anus.*

49. Ung. Merc. Biniod.

℞. Biniod. Merc. grs. ij.
Adipis Præparatæ ℥iij. M.

*Stye; Goître; Acne of the beard; Ganglion.*

50. Ung. Merc. Præcip. Rub.

℞. Merc. Præcip. Rub. grs. iij.
Ung. Simpl. ℥j. M.

*Tarsal Ophthalmia.*

51. Ung. Potassii Iod.

℞. Potassii Iod. grs. lxiv.
Potassii. Carb. grs. iv.
Aq. Dest. ℥j.
Adipis Præparatæ ℥j.

Dissolve the Iodide of Potassium and Carbonate of Potash in the water, and mix thoroughly in a mortar; or by adding the liquid to the melted lard, and whipping till cold, as in making cold cream.

*Condylomata.*

52. Extractum Rumicis.

℞. Rad. Rumicis Crisp. recentis ℥iv.
Glycer. ℥iij.
Aq. Dest. ℥xxvij.

Exhaust the root by percolation with the glycerine and water mixed together, and evaporate to the consistency of syrup.

53. Ung. Rumicis.

℞. Extracti Rumicis (see F. 52) ℥j.
Cerat. Simpl. P.H.B. ℥j. M.

*Itch.*

54. Ung. Rumicis *c.* Sulph.

℞. Ung. Rumicis (see F. 53) ℥j.
Sulph. Hypochlor. ℥ij. M.

*Acne of the beard.*

55. Ung. Sulphuris.

℞. Sulph. Sublimat. ℥j.
Adipis Præparatæ ℥iv. Misce bene.

*Itch; fissured, sore anus; Stye; etc.*

56. Ung. Sulph. Hypochloridi.

℞. Sulph. Hypochlor. ℥ij.
Adipis Præparatæ ℥j. M.

*Acne Rosacea.*

## VI.—MISCELLANEOUS.

57. Haustus Filic. Maris.

℞. Ol. Filic. Maris ℥j.
Mucilag. } *aa* ℥ij.
Glycer. }
Aq. Dest. ℥j. M.

*Tape-worm.*

58. Mistura Hydrast.

℞. Hydrast. Mur. gr. iij.
Ac. Mur. dil. P. B. ℥j.
Aq. Dest. ad ℥vj. M.

A tablespoonful three times a day, ten minutes before a meal.

*Acidity, etc.*

59. Pepsine.

℞. Dr. Beale's Pepsine, gr. xij.
Ac. Hydrochlor. dil. ℥ij.
Glycer. ℥ij.
Aq. Dest. ℥iij.

Dose, one tablespoonful (=2 grs.).

*Dyspepsia.*

# List of Remedies and Attenuations.

## List of the Chief Remedies prescribed in the Clinical Directory, their Abbreviations, and the Attenuations in most frequent Use.

| Name. | Abbreviation. | Attenuation. |
|---|---|---|
| Acidum Benzoicum | *Ac.-Benz.* | 3x, 2. (See F. 30.) |
| ,, Carbolicum | *Ac.-Carbol.* | 1x, 1 int. (One part of $\phi$ to 100 of water for external use; see also F. 20, 21, 31, and 32.) |
| ,, Fluoricum | *Ac.-Fluor.* | 3x, 3. |
| ,, Hydrocyanicum | *Ac.-Hydrocy.* | 1, 3x. |
| ,, Muriaticum | *Ac.-Mur.* | 1x, 1, 3; $\phi$ as a gargle or paint in affections of the throat. (See F. 7 and 8.) |
| ,, Nitricum | *Ac.-Nit.* | 1x, 1, 3x, 3. (See F. 33.) |
| ,, Oxalicum | *Ac.-Oxal.* | 3x, 3. |
| ,, Phosphoricum | *Ac.-Phos.* | 1x, 1, 3x, 3. |
| ,, Sulphuricum | *Ac.-Sulph.* | 1, 6, 12. |
| ,, Sulphurosum | *Ac.-Sulph$^{s}$.* | 1x. (See F. 12.) |
| ,, Tannicum | *Ac.-Tann.* | 1x. (See F. 10, 11, and 18.) |
| Aconitum Napellus | *Acon.* | 1x, 3x, 3, 6, $\phi$ Paralysis. (See F. 22.) |
| Æsculus Hippocastanum | *Æscul.* | 1 or 3x is best according to our experience, but Dr. Hale states that it acts well in almost any dilution. |
| Agaricus Muscarius | *Agar.* | $\phi$, 1x, 1. |
| Ailanthus Glandulosa | *Ailan.* | 1x, 1. |
| Aloe | *Aloes* | 1x, 1, 6. (See F. 1.) |
| Alumina | *Alum.* | 3x, 3. |
| Ammonii Bromidum | *Ammon.-Brom.* | 1x. |
| Ammonium Carbonicum | *Ammon.-Carb.* | 1x, 1. |
| ,, Muriaticum | *Ammon.-Mur.* | 1x, 3x, 3, 30. |

| | | |
|---|---|---|
| Anacardium | *Anac.* | 1x, 1, 3. |
| Antimonium Crudum | *Ant.-C.* | 3, 5. |
| ,, Tartaricum | *Ant.-T.* | 1, 3x, 3, 5. (See F. 34.) |
| Apis Mellifica | *Apis* | ϕ, 1x, 3x, 3. |
| Apocynum Cannabinum | *Apoc.* | ϕ (one to 5 drop doses in dropsy); 1x (catarrh). |
| Argentum Metallicum | *Arg.-Met.* | 3x, 6. |
| ,, Nitricum | *Arg.-Nit.* | 1, 3x, 3. |
| Arnica Montana | *Arn.* | 1x, 3x, 3, 6 (6 *said to be best for hæmorrhage from the lungs*). (See F. 44.) |
| Arsenicum Album | *Ars.* | 1, 3x, 3, 6, 12. The lower dilutions act best in Cancer, Cholera, low fevers, and skin affections; the higher in nasal catarrh, Influenza, Neuralgia, etc. (See F. 35.) |
| ,, Iodide | *Ars.-Iod.* | 1, 3x. |
| Asafœtida | *Asaf.* | 1x, 3x (hysteric disorders); 6 to 12 (diseases of bone). |
| Asclepias Tuberosa | *Asclep.-Tub.* | ϕ, 1x. |
| Atropia | *Atrop.* | 1, 3x. |
| Aurum | *Aur.* | 1, 3x, 5, 6. |
| ,, Muriaticum | *Aur.-Mur.* | 1, 3x, 3. |
| Baptisia | *Bapt.* | ϕ, 1x, 3x. |
| Baryta Carbonica | *Bary.-Carb.* | 3x, 6, 12. |
| ,, Muriatica | *Bary.-Mur.* | 1x, 3x, 3. |
| Belladonna | *Bell.* | ϕ, 1x, 1, 3x, 6, 12. (See F. 23.) |
| Berberis | *Berb.* | ϕ, 1x, 3x. |
| Bismuthum | *Bism.* | ϕ, 1x, 1, 3x. (See F. 46.) |
| Borax | | 1x, 1, 3x (See F. 4, 36, and 37.) |
| Bovista | *Bovis.* | 3x, 12. |
| Bromium | *Brom.* | 1. |
| Bryonia Alba | *Bry.* | 1x, 1, 3x, 6. |
| Cactus Grandiflorus | *Cact.* | ϕ, 1x, 3x, 6. |
| Calcarea Carbonica | *Calc.-C.* | 3x, 3, 6, 12. |
| ,, Muriatica | *Calc.-M.* | 1x, 1. (See F. 38.) |
| ,, Phosphorica | *Calc.-Phos.* | 1x, 3x, 3. |
| Calendula | *Calend.* | ϕ (for external use). |
| Camphora | *Camph.* | ϕ (see F. 25 and 37). |
| Cannabis Indica | *Cann.-Ind.* | ϕ, 1x, 3x. |
| ,, Sativa | *Cann.-Sat.* | ϕ, 1x, 3x. |

| | | |
|---|---|---|
| Cantharis | *Canth.* | 1x, 1, 3x. (For external use, one part of the ϕ tincture to about forty of water.) |
| Capsicum | *Caps.* | 1x, 3x, 3. |
| Carbo Animalis | *Carbo An.* | 1x, 1, 3x, 6, 30. |
| ,, Vegetabilis | *Carbo V.* | 1x, 1, 3x, 6, 12, 30. |
| Caulophyllum Thalictroides | *Caul.* | 1x, 1, 3x, 6. |
| Causticum | *Caust.* | 3x, 6 ; 1 for external use. |
| Cedron | *Cedr.* | 1x, 3x. |
| Chamomilla | *Cham.* | 3x, 6, 12. |
| Chelidonium Majus | *Chel.* | 1x, 3x, 3. |
| Chimaphila | *Chim.* | ϕ. |
| China | *China* | ϕ, 1x, 3x. |
| Chinini Bromidum | *Chin.-Brom.* | 1x. |
| Chininum Sulphuricum (Quinine) | *Chin.-Sulph.* | gr. $\frac{1}{6}$, 1x, 1—6. |
| Chloral Hydrate | *Chlor.-Hyd.* | 1x. |
| Cicuta Virosa | *Cic.* | 1, 3x. |
| Cimicifuga | *Cimic.* | ϕ, 1x, 3x. |
| Cina | *Cin.* | 1x, 3x, 6. |
| Cistus Canadensis | *Cist.* | 1x, 1. |
| Clematis | *Clem.* | 1x, 1, 3x. |
| Cocculus Indicus | *Cocc.* | Φ, 1x, 3x. |
| Coccus Cacti | *Cocc.-Cact.* | 1. |
| Coffea | *Coff.* | 3x, 3, 6. |
| Colchicum | *Colch.* | ϕ, 1x, 3x. |
| Collinsonia Canadensis | *Collin.* | ϕ, 3x. |
| Colocynthis | *Coloc.* | 1x, 3x, 6. |
| Conium | *Coni.* | ϕ, 1x, 3x, 6, 12. |
| Copaiva | *Copa.* | 1x, 1. |
| Corallium | *Coral.* | 3, 6, 12. |
| Crocus Sativus | *Croc.* | 1x, 2x, 3x, 3. |
| Croton Tiglium | *Crot.-Tig.* | 3x, 6 (1 externally in Eczema Rubra). |
| Cuprum Aceticum | *Cup.-Ac.* | 1, 3. |
| Cuprum Metallicum | *Cup.-M.* | 3x, 3, 6. |
| Cyclamen | *Cycl.* | 3x, 3. |
| Digitalis | *Dig.* | ϕ, 1x, 3x. |
| Dioscorea Villosa | *Diosc.* | ϕ, 1x, 3x. |
| Drosera | *Dros.* | ϕ, 1x, 3x, 3. |
| Dulcamara | *Dulc.* | 1x, 3x, 3. |
| Elaps | *Elaps* | 7 or 8 (lowest procurable). |
| Elaterium | *Elat.* | 1, 3x. |

| | | |
|---|---|---|
| Eupatorium Perfoliatum | *Eup.-Perf.* | ϕ, 1x, 3x. |
| ,, Purpureum | *Eup.-Pur.* | 1x, 1, 3x. |
| Euphorbium | *Euphor.* | 3x. |
| Euphrasia | *Euphr.* | 1x, 3x, 6 ; ϕ one part to ten for ext. use. |
| Ferrum Metallicum | *Ferr.-M.* | 1, 3x, 5. |
| ,, Muriaticum | *Ferr.-Mur.* | ϕ, 1x, 3x. |
| ,, Phosphoricum | *Ferr.-Phos.* | 1, 3x. |
| ,, Redactum | *Ferr.-Red.* | ϕ, 1x. |
| Filix Mas | *Filix.* | ϕ. (See F. 57.) |
| Gelseminum | *Gels.* | ϕ, 1x, 3x. In facial neuralgia on the left side, the ϕ tincture acts very quickly. |
| Glonoine | *Glon.* | 3x, 3. |
| Graphites | *Graph.* | 2, 6, 1, 2. |
| Hamamelis Virginica | *Ham.* | 1x, 3x ; ϕ ext. (See F. 5 and 40.) |
| Helleborus Niger | *Hell.* | 1x, 3. |
| Helonias Dioica | *Helon.* | ϕ, 1x. |
| Hepar Sulphuris | *Hep.-S.* | 1, 3x, 3, 6. (See F. 47.) |
| Hydrastis Canadensis | *Hydras.* | ϕ, 1x, 3x, 3. (See F. 6, 14, 41, and 58.) |
| Hyoscyamus Niger | *Hyos.* | ϕ, 1x, 3x, 3. |
| Hypericum Perforatum | *Hyper.* | 1x. |
| Ignatia Amara | *Ign.* | ϕ, 1x, 3x, 3, 6. |
| Iodium | *Iod.* | 1, 3x, 1x as a paint. |
| Ipecacuanha | *Ipec.* | ϕ, 1x, 3x. |
| Iris Versicolor | *Iris* | ϕ, 1x, 3x. |
| Juglans Cinerea | *Jug.-C.* | ϕ. |
| Kali Bichromicum | *K.-Bich.* | 1, 3x, 3 |
| ,, Bromidum | *K.-Brom.* | ϕ, 1x. |
| ,, Carbonicum | *K.-Carb.* | 6, 12. |
| ,, Chloratum | *K.-Chlor.* | ϕ, 1, 3x, 3. |
| ,, Hydriodicum *or* Iodidum | *K.-Hydriod.* | ϕ, 1x, 3x. (See F. 42 and 51.) |
| ,, Nitricum | *K.-Nit.* | 1x, 3x. |
| ,, Permanganicum | *K.-Permang.* | (The salt as an injection—F. 16 ; and as a gargle—one part in about 50 of water.) |
| Kalmia Latifolia | *Kalm.* | ϕ, 1x, 3x. |
| Kreasotum | *Kreas.* | 1, 3x, 6, 12. (For external use, one drop of pure tincture to 80 of water.) |
| Lachesis | *Lach.* | 6, 12. |
| Laurocerasus | *Lauro.* | ϕ, 1x, 3x. |

| | | |
|---|---|---|
| Ledum Palustre | *Led.* | 1, 3x ; ϕ ext. |
| Leptandra Virginica | *Lept.* | ϕ, 1x, 3x. |
| Lobelia Inflata | *Lobel.* | ϕ, 1x, 3x. |
| Lycopodium | *Lyc.* | 3x, 3, 5, 6, 12, 30. |
| Manganum Acet. | *Mang.* | 1x, 3x, 3. |
| Mercurius Biniodatus | *Merc.-Biniod.* | 1, 3x. (See F. 49.) |
| ,, Corrosivus | *Merc.-Cor.* | 1, 3x, 3. |
| ,, Iodatus | *Merc.-Iod.* | 1, 3x. |
| ,, Solubilis | *Merc.-S.* | 1, 3x, 5, 6. |
| ,, Vivus | *Merc.-V.* | 1, 3x, 5, 6. |
| Mezereum | *Mez.* | 1x, 3x. |
| Millefolium | *Mill.* | ϕ, 1x. |
| Moschus | *Mosch.* | ϕ, 1x, 3x, 6. |
| Murex Purpurea | *Murex* | 3. |
| Naja | *Naja* | 6. |
| Natrum Carbonicum | *Nat.-Carb.* | 5, 12. |
| Natrum Muriaticum | *Nat.-Mur.* | 6, 12. |
| Nuphar Lutea | *Nuph.* | 1x, 3x. |
| Nux Juglans | *Nux Jug.* | 1, 3. |
| Nux Moschata | *Nux Mosch.* | 3x. |
| Nux Vomica | *Nux V.* | ϕ, 1x, 1, 3x, 3, 6. The 6th dil. is much prescribed for flatulence, constipation, etc. |
| Oleander | *Olean.* | ϕ, 1x, 3x. |
| Opium | *Opi.* | 1x, 3x, 3, 30. |
| Petroleum | *Petrol.* | 3x. |
| Phosphorus | *Phos.* | 3x, 3, 6. |
| Phytolacca Decandra | *Phyto.* | Φ, 1x, 3x. (See F. 9.) |
| Platina | *Plat.* | 3x, 5, 6, 12. |
| Plumbum | *Plumb.* | 3x, 3, 5. (See F. 17.) |
| Podophyllum | *Podoph.* | ϕ, 1x, 3x. |
| Pulsatilla | *Puls.* | ϕ, 1x, 3x, 3, 6. |
| Quinine, *see* Sulphas Quinæ *and* Chininum Sulph. | | |
| Ranunculus Bulbosus | *Ran.-Bulb.* | ϕ, 1x, 3x, 3. |
| Ratania | *Ratan.* | 1, 3x. |
| Rheum | *Rheum* | 1, 3x. |
| Rhododendron | *Rhod.* | 1, 3x, 3. |
| Rhus Toxicodendron | *Rhus* | 1x, 3x, 3 ; ϕ ext. (See F. 26.) |
| Robinia | *Rob.* | ϕ, 1x, 3x. |
| Rumex Crispus | *Rumex* | ϕ, 1. (See F. 52, 53, and 54.) |
| Ruta Graveolens | *Ruta* | 1, 3x ; ϕ ext. |
| Sabadilla | *Sabad.* | ϕ, 1, 3x, 3. |

| | | |
|---|---|---|
| Sabina | *Sabi.* | ϕ, 1x, 3x. |
| Sambucus Niger | *Samb.* | ϕ, 1x, 3x, 3. |
| Sanguinaria Canadensis | *Sang.* | 1x, 1, 3x. |
| Santoninum | *Sant.* | 1x, 1. |
| Sarza | *Sarz.* | ϕ, 1x, 3x. |
| Secale Cornutum | *Sec.* | ϕ, 1x, 3x, 3. |
| Senecio | *Senec.* | ϕ, 3x. |
| Senega | *Seneg.* | ϕ, 1x, 3x. |
| Sepia | *Sep.* | 3x, 6, 12. |
| Silicea | *Sil.* | 3x, 6, 12. |
| Spigelia | *Spig.* | 1x, 3x, 3, 6. |
| Spongia | *Spong.* | 1x, 3x, 3. |
| Stannum | *Stann.* | 3x, 5, 6, 12. |
| Staphysagria | *Staph.* | 1x, 3x, 3, 6. |
| Stillingia | *Still.* | ϕ, 1x, 3x. |
| Stramonium | *Stram.* | ϕ, 1x, 3x, 3. |
| Strychnia | *Strych.* | 1, 3x, 6. |
| Sulphas Quinæ | *Sulph.-Quin.* | gr. $\frac{1}{6}$, 1x, 1—6. |
| Sulphur | *Sulph.* | ϕ, 3, 6, 12. (See F. 43 and 55.) |
| Tabacum | *Tabac.* | 3x, 3, 6. |
| Taraxacum | *Tarax.* | ϕ. |
| Tellurium | *Tellur.* | 3 trit., 5, 6, 30. |
| Terebinthina | *Tereb.* | ϕ, 1x, 3x. |
| Teucrium | *Teuc.* | 1x, 3x; ϕ ext. Also the dried herb, finely powdered, taken as snuff in polypus, etc. |
| Thuja Occidentalis | *Thuja* | 3x, 6, 12; ϕ ext. |
| Uranium Nitricum | *Uran.-Nit.* | 1x, 3x. |
| Urtica Urens | *Urt.-U.* | ϕ, 1; ϕ ext. (See F. 27.) |
| Uva Ursi | *Uva* | ϕ, 1x, 3x. |
| Valeriana | *Val.* | ϕ, 1x. |
| Veratrum Album | *Ver.-Alb.* | 1x, 3x, 3. |
| ,, Viride | *Ver.-Vir.* | 1x, 3x, 3; ϕ ext. (See F. 13 and 28.) |
| Verbascum | *Verbas.* | ϕ, 1x, 3x, 3. |
| Vinca Minor | *Vinca M.* | ϕ, 1x, 3x. |
| Viola Odorata | *Viola O.* | ϕ, 1x, 3x. |
| ,, Tricolor | *Viola Tric.* | ϕ, 1x, 3x. |
| Xanthoxylum Fraxineum | *Xanth.* | ϕ, 1x, 3x. |
| Zinci Valerianas | *Zinc.-Val.* | 1, 3x. |
| Zincum Metallicum | *Zinc.* | 3x, 5. |

# INDEX:

## GENERAL AND GLOSSARIAL.

The meanings of many words, not found in common dictionaries, are given between brackets.

*Many Conditions and Symptoms, not specified in this Index, are referred to in the* MATERIA MEDICA, and, more particularly, in the CLINICAL DIRECTORY, Part VI., pp. 840—885.

See also *Hints to the Reader*, pp. xi., xii.


AA, an abbreviation of the Greek word *ανα*, and signifies, *an equal quantity of each*

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